

CAM CONFERENCE EXHIBIT SPACE FORM

Exhibitor Contact Information

Organization: _____
Contact Name: _____
Position: _____
Address: _____
City: _____
Province: _____
Postal Code: _____
Telephone: _____ Ext: _____
Fax: _____
Email: _____
Website: _____

Onsite Main Representative

List the name of the individual that will be the Onsite Rep.:
Name: _____
Email: _____ Cell: _____

After-hours Contact Person: Please provide the contact person information in case of an emergency or problems with either your exhibit booth or display material.

Contact Name: _____
Telephone: _____ Ext: _____
Cell: _____

Please indicate which hotel the onsite main representative will be staying at (if applicable)?

Bilingual Company Description and Logo

A brief description of products and/or services to be included in the Conference Program (please send electronically to spaquette@canadianmidwives.org) by August 31, 2010.

- | | |
|--|---------|
| <input type="checkbox"/> Corporate/Commercial/Company | \$1,100 |
| <input type="checkbox"/> Hospitals/Government | \$900 |
| <input type="checkbox"/> Non-Profit/local small businesses | \$400 |

Booth Requirements

We require _____ exhibit booth(s) (3' x 6' skirted table).

Assignment of Space

Applications and payments must be received by August 15th, 2010. CAM will assign booth spaces based on the received date of the Official EXHIBIT SPACE FORM. CAM may, at its discretion accept or reject any application for space, and reserves the right to relocate or reassign exhibit booths at any time for the overall benefit of the meeting.

List major competitor(s) you do not wish to be located next to:

Additional Representatives

_____x additional representatives are attending (\$100 per additional representative)

Names: _____

E-ADS or Delegate Bag inserts:

(_____) x Exhibitors: No charge for one piece – additional pieces at a cost of \$100 per
(_____) x Non-Exhibitors: \$250 per piece

Method of Payment

- Cheque or money order (made payable to CAM)

Your cheque or money order should be made payable to the Canadian Association of Midwives (CAM). Cheques or money orders must be in Canadian dollars and drawn on a Canadian bank account

- Visa MasterCard

Card Number: _____

Expiry Date: _____

Cardholder Name: _____

Signature: _____

Agreement

The undersigned agrees to all the policies set forth in the Strategic Cooperative Marketing Opportunities and hereby authorizes the Canadian Association of Midwives to reserve exhibit space at the Sutton Place Hotel Edmonton. The undersigned also agrees to pay the total cost of the booth space by **August 15th, 2010**.

Upon acceptance by CAM, this document constitutes a contract. CAM expressly reserves the right to reject an application for any reason.

Signature _____

Date _____

Please complete and return with payment to:

Ottawa Contact

Sylvie Paquette, CAE, Association Manager
Canadian Association of Midwives/ Association Canadienne des sages-femmes

780 Echo Drive, Ottawa, Ontario K1S 5R7

Phone: 613-730-4192 / 1-800-561-2416 ext 266

Fax: 613-730-4314

spaquette@canadianmidwives.org

Web: www.canadianmidwives.org

A signed copy of this contract will be returned upon receipt of paying in full. Accepted with thanks,

Sylvie Paquette
Association Manager

Date

CONFERENCE PARTNER FORM

Company Information

Organization: _____
Contact: _____
Position: _____
Address: _____
City: _____
Province: _____
Postal Code: _____
Telephone: _____ Ext: _____
Cell: _____
Fax: _____
E-mail: _____
Website: _____

Contribution Levels

- | | |
|-----------------------------------|---------|
| <input type="checkbox"/> Platinum | \$7,000 |
| <input type="checkbox"/> Silver | \$5,500 |
| <input type="checkbox"/> Gold | \$4,000 |
| <input type="checkbox"/> Bronze | \$2,500 |

Industry Partnership Opportunities

- | | |
|---|-----------------|
| <input type="checkbox"/> Plenary Session | \$2,000 |
| <input type="checkbox"/> Concurrent Session | \$1,250 |
| <input type="checkbox"/> Abstract Awards | \$500 - \$1,500 |
| <input type="checkbox"/> Volunteer Program | \$1,500 |
| <input type="checkbox"/> Preliminary and Final Programs | \$2,500 |
| <input type="checkbox"/> Luncheon | \$2,250 |
| <input type="checkbox"/> Breakfast | \$1,500 |
| <input type="checkbox"/> Nutrition Break | \$1,150 |
| <input type="checkbox"/> Reception | \$3,500 |
| <input type="checkbox"/> Name Badge & Lanyards | \$2,500 |
| <input type="checkbox"/> Cyber Café | \$3,500 |
| <input type="checkbox"/> Social Event Evening | \$8,000 |

Exclusivity

Method of Payment

- Cheque or money order (made payable to CAM)

Your cheque or money order should be made payable to the Canadian Association of Midwives (CAM). Cheques or money orders must be in

Canadian dollars and drawn on a Canadian bank account

Method of Payment

CARD: Visa MasterCard
Number: _____
Expiry Date: _____
Cardholder Name: _____
Signature: _____

Agreement

In accordance with the terms, conditions and regulation governing 2010 Strategic Cooperative Marketing Opportunities at the annual meeting of the Canadian Association of Midwives, the undersigned hereby makes application for partnership which, when accepted by the Canadian Association of Midwives, becomes a contract. The undersigned agrees to abide by all rules, requirements, restrictions, and regulations as set forth in this agreement or as may be especially designated by management. Failure to abide by such rules and regulation results in forfeiture of all monies paid or due under the terms of this agreement.

Signature: _____
Date: _____

Please complete and return with payment to:

Ottawa Contact

Sylvie Paquette, CAE, Association Manager
Canadian Association of Midwives/ Association
Canadienne des sages-femmes
780 Echo Drive
Ottawa, Ontario K1 S 5R7
Phone: 613-730-4192 / 1-800-561-2416 ext 266
Fax: 613-730-4314
Email: spaquette@canadianmidwives.org
Website: www.canadianmidwives.org

A signed copy of this contract will be returned upon receipt of paying in full.

Accepted with thanks,

Sylvie Paquette
Association Manager

Date

E-AD or DELEGATE BAG INSERT FORM

Company Information

Organization: _____

Contact: _____

Position: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____ Ext: _____

Cell: _____

Fax: _____

E-mail: _____

Website: _____

E-Ads or Delegate Bag Inserts

() x Exhibitors: No charge for one piece – additional pieces at a cost of \$100 per

() x Non-Exhibitors: \$250 per piece

Draw Prize Donation(s)

Item: _____ Value: _____

Item: _____ Value: _____

Item: _____ Value: _____

Method of Payment

Cheque or money order (made payable to CAM)

Your cheque or money order should be made payable to the Canadian Association of Midwives (CAM). Cheques or money orders must be in Canadian dollars and drawn on a Canadian bank account

Visa MasterCard

Card Number: _____

Expiry Date: _____

Cardholder Name: _____

Signature: _____

Agreement

In accordance with the terms, conditions and regulation governing 2010 Strategic Cooperative Marketing Opportunities at the annual meeting of the Canadian Association of Midwives, the undersigned hereby makes application for Delegate Bag Inserts or E-Ads which, when accepted by the Canadian Association of Midwives, becomes a contract. The undersigned agrees to abide by all rules, requirements, restrictions, and regulations as set forth in this agreement or as may be especially designated by management. Failure to abide by such rules and regulation results in forfeiture of all monies paid or due under the terms of this agreement.

Signature: _____

Date: _____

Please complete and return with payment to:

Ottawa Contact

Sylvie Paquette, CAE

Association Manager

Canadian Association of Midwives/ Association

Canadienne des sages-femmes

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Ottawa, Ontario K1 S 5R7

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Accepted with thanks,

Sylvie Paquette
Association Manager

Date