

Exhibitor Registration Form

Scleroderma Canada appreciates your support. With your products and/or services, we can empower patients, caregivers and health professionals through educational and engaging events. Please complete all sections and return your form to the address listed below. You can also email your form to conference@sclerodermacanada.ca. For further information, please visit www.sclerodermaconference.ca.

Section 1: Company Information

Company Name _____ Contact Person _____

Address _____

City _____ Province _____ Postal Code _____

Email _____ Telephone _____ Ext. _____

☐ My company will be selling products(s) at the conference.

Product description(s) and retail costs of product(s) to be sold:

☐ My company will host a raffle at the conference. Raffle item description:

Section 2: Complimentary Exhibitor Registration 1

Last Name _____ First Name _____

Company Name _____

Email _____ Telephone _____ Ext. _____

Knowledge is Power



Section 2: Complimentary Exhibitor Registration 2

Last Name _____ First Name _____

Company Name _____

Email _____ Telephone _____ Ext. _____

Additional exhibitor registrations must be paid registrations and may be made through the regular conference registration process.

Section 3: Type of Product

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Cosmetic | <input type="checkbox"/> Clothing | <input type="checkbox"/> Dental Health |
| <input type="checkbox"/> Dietary | <input type="checkbox"/> Food Processing | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other _____ |

Section 4: Payment Method

- ☐ I am paying by cheque (please make cheque payable to Scleroderma Canada)
- ☐ I am paying by credit card: ☐ VISA ☐ Master Card

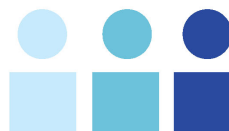
Credit Card #: _____ CVV #: _____ Expiration Date: _____

If billing address different than above, please provide address:

Name on card: _____ Signature (required): _____

Date: _____

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Section 5: Acknowledgement of Terms & Conditions

Please read the Terms & Conditions and confirm with your signature below.

Support Terms: The vendor agrees that all provisions are part of a formal contract to participate in the Marketplace. Each company must email their logo in both EPS and JPG format to conference@sclerodermacanada.ca for inclusion on the website and Marketplace.

I am an authorized representative of the company named above with the full power and authority to sign and deliver this application. The company listed on this application agrees to comply with all of the policies, rules, terms and regulations contained in the Terms & Conditions, and all policies, rules, terms, and regulations adopted after publication of the original prospectus, which we accept as part of the agreement. I further acknowledge that Scleroderma Conference 2020 Organizing Committee reserves the right, in its absolute discretion, to reject the application. This application shall not become a binding contract until fully executed by both parties (The Vendor and the conference).

Print Name _____ Title _____

Signature _____ Date _____

Please send completed form with payment to:

Scleroderma Canada, 41 King William Street Suite 203, Hamilton, ON, L8R 1A2

T: 1-866-279-0632, **E:** conference@sclerodermacanada.ca

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