

## EXHIBITOR'S CONTRACT

We, the undersigned, hereby make application for exhibit space at **HealthAchieve 2012** to be held in Toronto, Ontario, Canada on November 5, 6 & 7, 2012. **Exhibition Dates: November 5 & 6, 2012**

### OUR PREFERENCE IS INDICATED BY THE FOLLOWING EXHIBIT SPACE NUMBERS

1 <sup>st</sup> Choice/s:	2 <sup>nd</sup> Choice/s:	3 <sup>rd</sup> Choice/s:	4 <sup>th</sup> Choice/s:
Space Cost: \$	+ HST \$	corner exposure \$	+ HST \$
			= Total Cost \$

We have enclosed Payment in Full of \$ \_\_\_\_\_ made payable to **HealthAchieve**, to cover the cost of our total exhibit exhibit space requirement. **HST Registration No. R107797961.**

**METHOD OF PAYMENT:** Cheque made payable to HealthAchieve in:  Cdn. Funds  U.S. Funds

VISA (Cdn. Funds)  MasterCard (Cdn. Funds)  American Express (Cdn. Funds)

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

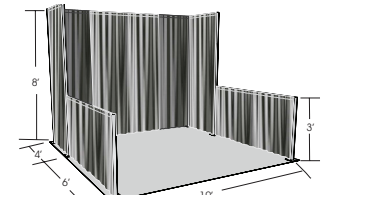
Card Holder: \_\_\_\_\_ Signature: \_\_\_\_\_

**WE PREFER TO BE LOCATED:**  near to or  not near to organization/company \_\_\_\_\_

We will require the standard electrical outlet/s provided by the Show Management  Yes  No

We will require the draped exhibit space (pipe & drape) provided by the Show Management  Yes  No

We, the undersigned, hereby acknowledge receipt of a copy of HealthAchieve 2012 "Rules and Regulations" and "Terms and Conditions of the Exhibitor's Contract" and agree that all terms, conditions, rules, regulations, policies, descriptions and explanations therein contained shall form part of this agreement as though they were expressly contained herein and further agree to be subject to and to abide by such \*other rules and regulations governing the erection, conduct or management of exhibits as may from time to time be made known to the exhibitors by HealthAchieve. We are also aware of, and agree to abide by, the application and cancellation policies, and the rules governing the exhibit space as indicated in the diagram on this contract.



\*This area must be left open on both sides of all exhibit spaces to allow an unobstructed view of all exhibits in the aisles

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPANY NAME (Exhibitor):** \_\_\_\_\_

(This name, as submitted, will be used on all printed material.)

The letter of the alphabet under which your company name is to be filed: \_\_\_\_\_ Website: \_\_\_\_\_

Complimentary web site link from HealthAchieve web site

**CONTACT PERSON AT THE ABOVE NAMED COMPANY, TO WHOM ALL EXHIBIT INFORMATION AND QUERIES ARE TO BE DIRECTED:** *(For courier delivery purposes, please provide full mailing address, no PO Box number.)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Number Street Unit #

Address: \_\_\_\_\_

City/Town Province/State Postal/Zip Code

Work Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**AFTER-HOURS CONTACT PERSON:** *(November 2 to November 7 inclusive for matters pertaining to your exhibit space)*

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Other Tel: \_\_\_\_\_

**Please Mail the Completed Exhibitor's Contract, the Product/Service Listing Form and the Cheque to:**

**Please note the Exhibitor Manual will be posted online in early April 2012.**

HealthAchieve, 200 Front Street West, Suite 2800, Toronto, Ontario M5V 3L1

**Exhibit space will not be confirmed without payment.** EMAIL: iwai@healthachieve.com **Are you a new exhibitor?** Yes  No

**FOR OFFICE** Process Date: \_\_\_\_\_ Final Exhibit Space #: \_\_\_\_\_ Exhibit Space Size: \_\_\_\_\_ Corner(s): \_\_\_\_\_ Badge Allotment: \_\_\_\_\_

**USE ONLY:** Cost:  (Cdn.)  (US) \_\_\_\_\_ HST \_\_\_\_\_ = \_\_\_\_\_

Payment Received:  (Cdn.)  (US) \_\_\_\_\_ HST \_\_\_\_\_ = \_\_\_\_\_

Payment Type: \_\_\_\_\_ Ref. Number: \_\_\_\_\_ Date of Payment: \_\_\_\_\_ Total = \_\_\_\_\_

