

HealthAchieve

SPONSORSHIP CONFIRMATION FORM

Please complete and email form to smahboobani@healthachieve.com

Please type or print

Firm Name: _____

Authorized Representative: _____

Title: _____

Authorized Signature: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Telephone: () _____ Fax: () _____

E-mail: _____ Web Site: _____

Special Functions / Events

\$ Amount (CDN)

Diamond - \$13,250 Platinum - \$8,250 Gold - \$5,250

Function / Event: _____

Promotional Items Sponsorship

Lanyards - \$12,800 Tote Bags - \$13,000 Bag Insert - \$1,200

Session Sponsorship

Keynote Session Sponsorship (\$26,500):

Monday (Official Opening Session) Tuesday (Keynote Plenary Session) Wednesday (Official Closing Session)

General Session Sponsorship:

Type of sponsorship requested: Platinum - \$8,250 Gold - \$5,250

Session to be Sponsored : _____

Exhibit Floor Sponsorship

Registration Area Sponsorship \$15,000

Green Lane \$9,250

Isabella's Café \$9,250

New Product Showcase Sponsor \$9,250

Premium Visibility Packages \$21,500

Optimum Visibility Packages \$8,800

Aisle Sponsor \$3,000

Sub Total Sponsorship \$

(HST Registration No. R107797961) + HST \$

Total \$

Payment

Method of Payment: Cheque made payable to HealthAchieve in Cdn. Funds
 VISA (Cdn. Funds) MasterCard (Cdn. Funds) American Express (Cdn. Funds)

Card # _____ Expiry Date _____

Card Holder (please print) _____ Signature _____