



2011 CIPSP Exhibitor Guide

Exhibitor Details

The Exhibit Show will run during the conference and will be strategically located in the Bayshore Ballroom DEF, outside the main plenary ballroom sessions. Exhibitors will be very visible and accessible to the delegate.

There are limited exhibit space footprints available and they will be assigned on a first-come first-serve basis. So, complete the application form and send it via email in a pdf format, as soon as you can. Once your application is confirmed with payment, we will advise you on setup and tear down times.

- **LOCATION:** Westin Bayshore – Bayshore Ballroom DEF
- **SHOW TIME:**

Wednesday, November 16, 2011	4:00pm – 8:00pm
Thursday, November 17, 2011	7:00am – 6:00pm
Friday, November 18, 2011	7:00am – 6:00pm

Each Exhibit Registration Includes the Following

- One 8 ft x 10 ft carpeted footprint space, 6 ft x 2 ft skirted table, two chairs
- Two Full Conference Registrations (these two people must register as Exhibitors)

Total Costs	
1) Exhibit Space Fee	\$2,500.00
2) Two Conference Registrations	COMPLIMENTARY
HST 12%	\$300.00
TOTAL	\$2,800.00

A certificate of insurance must be provided to PRIME before exhibit space will be confirmed.

Company Logo for the Website and Conference Handbook

Please provide a **high-resolution (300 dpi) company logo in .jpg or .tif format** for use on the website. Once your application form has been faxed, **email the logo directly to Ruby Smith at cipspc@pr1me.ca**





Agreement

I, _____, the duly authorized representative of the organizations named above, on behalf of the said organization, subscribe and agree to all the terms, conditions, authorizations and covenants contained in the Agreement,

Authorized Exhibitor Signature

Title

Date

Please sign, and return to:
Canadian Injury Prevention and Safety Promotion Conference 2011
Attn: Ruby Smith at Suite #475 – 425 Carrall Street, Vancouver, BC V6B 6E3
Or Fax to: 604-689-4486

Contact Information

Name of Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Contact Person: _____ Title: _____

Method of Payment

Cheque payable to Prime Strategies, Inc.
Suite 475 – 425 Carrall Street, Vancouver, BC V6B 6E3

Mastercard

Visa

American Express

Cardholder Name: _____ Signature: _____

Card Number: _____ Expiry Date: _____

Cancellation Policy: All cancellation notices must be made in writing. Cancellations postmarked prior to **June 30** will receive a full refund of the monies paid less the **\$200.00** non-refundable deposit. There will be no refunds for cancellations postmarked **June 30** or later.

