



Exhibitor Contract

We hereby make application for exhibit space rental at the 31st Canadian Down Syndrome Conference held at the Sheraton Hamilton May 18-20, 2018. We agree to abide by the conditions of this contract as shown on the attached 31st Canadian Down Syndrome Conference Exhibitor Rules and Regulations.

Representative Name: _____ Signature: _____ Date: _____

.....

Company Name: _____
(as it will appear in all promotional material)

Mailing Address: _____

.....

Phone: _____ Fax: _____ Email: _____

Exhibit Space Rates:

For profit organization: \$250.00

Not-for-profit organization: \$150.00

**Please note taxes may apply based on province.*

Please provide a brief description of products or services your company will display. This information will be printed in the final program exhibitor listing.

No. of spaces ___ at \$ ___ each = \$ ___ Cdn. Cheque
(Please make payable to the Canadian Down Syndrome Society)

Payment by: Visa MasterCard

Card No. _____ Exp: _____

Security Code: _____ Signature: _____

* Please note that this payment includes exhibit space for three days including one table and two chairs. Exhibitors will be required to register at the conference rate if you wish to participate in conference sessions and meals.