



EXHIBITOR REGISTRATION FORM

Company/Institution Name: _____

Booth Design/Description: _____

Street: _____

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

Tel: (____) _____ Fax: (____) _____

Contact Person: _____ Email: _____

Title: _____

If this application is accepted, we agree to pay for said STANDARD 8'x10' EXHIBIT BOOTH SPACE:

Conference Exhibitor- \$1200 (+ 5% GST)

- One 8X10 ft. space in the Conference Exhibit Area
- Includes 6ft. dressed table and electricity
- Recognition in business listing of the Conference Program and Website

******Limited Spaces Available******

Exhibit spaces will be assigned on a first-come, first-served basis.

Full payment is required in order for your exhibit space reservation to be confirmed. Your exhibit space will be held for 14 business days from receipt of your registration form. Should payment not be received after 14 business days, your exhibit space will be released for resale.

We fully understand that this form shall become a binding contract upon acceptance by the PEI BioAlliance. We have read, understand and accept the terms, conditions, rules and regulations set forth within this guide.

Signature (Signing Officer)

Name (Printed)

Date

Contact information:

Rose FitzPatrick,
VetHealth Global 2009 Conference Coordinator,
134 Kent St
Suite 405
Charlottetown, PEI C1A 8R8
Telephone: (902) 367-4403 | Fax: (902) 367-4404

Payment: (SEND PAYMENT IN \$CDN)
EXHIBIT BOOTH: \$1200 + 5% GST
TOTAL COST: _____ (Please add 5% GST to quoted price)
CHEQUE VISA MASTERCARD AMEX
MAKE CHEQUE PAYABLE TO: PRINCE EDWARD ISLAND BIOALLIANCE
CREDIT CARD NUMBER: _____
EXPIRY DATE: (MM/YY) _____
CARD HOLDER'S SIGNATURE: _____
CARD HOLDER'S PRINTED NAME: _____