

VENDOR PARTICIPATION FORM

EMR: Every Step Conference and Vendor Showcase

Company: _____ Address: _____

City: _____ Province : _____ Postal Code: _____

Contact Name: _____ Title: _____ Phone: _____

Email: _____ P.O #: _____

Booth Rates –Toronto Congress Centre. Toronto, Ontario. (Sept 26, 2019)			
SPACE	10 x 10 Rate	Additional Corner	10 x 20
COST	\$2900	\$150	\$5,000
Please Check the boxes that			

Exhibitor Name:	
Exhibitor Signature	
Date:	

Subtotal: _____ HST: _____ Total: _____

Payment Policy: 100% due within 30 days of booking

Cancellation Policy: Any cancellation less than 30 days prior to the show will be subject to a 50% penalty. No refunds offered less than 14 days from the show

Please send payment to: **OntarioMD – 150 Bloor Street W. Suite 900. Toronto, Ontario. M5S3C1.**

Please return this form to Revin Samuel at revin.samuel@ontariomd.com. Credit Card Authorization Form are available upon returning of this form.

Booth Includes:

- Power, Carpet, Internet
- 2 Exhibitor Passes (Includes Meals)
- Skirted 6 or 8 Foot Table

*Additional exhibitor passes can be purchased through the online registration form.

I _____ hereby understand and agree to be bound by the above terms and conditions. I will provide OntarioMD with payment by the deadline specified (30 days after booking space) and will notify OntarioMD at least 30 days in advance of any changes to receive a full refund. I also understand that the terms and conditions may change.