

VENDOR PARTICIPATION FORM

any changes to receive a full refund. I also understand that the

terms and conditions may change.

EMR: Every Step Conference and Vendor Showcase

Company:			Add	ress:		
City:		Province :			ostal Code:	
Contact Name:			Title:_			Phone:
Email:					P.O #:	
Booth Rates – June 4, London, Ontario	10 x 7 (Early)	10 x 7 (Regular)	Double Space (Early)	Double Space (Regular)		
Cost Please check the box that	\$1,800	\$2,300	\$3,600	\$4,600		Exhibitor Name: Exhibitor Signature Date:
The Early Bir		oires on April				
Payment Police Cancellation P the show will b less than 14 da Please send pa Suite 900. Toro M5S3C1.	olicy: Any cope subject to ays from the	cancellation le co a 50% pena e show OntarioMD –	ss than 30 lty. No re	days prior funds offere		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.
Please return this form to Revin Samuel at revin.samuel@ontariomd.com . Credit Card Authorization Form are available upon returning of this form.						hereby understand and agree to be bour he above terms and conditions. I will provide OntarioMD payment by the deadline specified (30 days after bookin se) and will notify OntarioMD at least 30 days in advance