

CACP 112th ANNUAL CONFERENCE

Exhibitor Personnel Badge Order Form



Included in your exhibitor booth package are two (2) complimentary booth personnel registrations. The booth personnel registration includes access to the Exhibit Hall, Welcome Reception and CACP Appreciation Night, but does **NOT** include access to any of the plenary or concurrent sessions. If you would like to attend any of the sessions, you must purchase a full Conference registration at www.cacpconference.ca. All exhibitor personnel must be registered and have a valid name badge while in the Exhibit Hall.

ON-SITE CONTACT INFORMATION

Company: _____ Booth(s) #: _____ Main Contact: _____

Telephone #: _____ Email: _____

BOOTH PERSONNEL REGISTRATION

The exhibit booth includes complimentary registration for **two booth personnel per booth purchase**. Exhibitors may register up to a **maximum of four (4) personnel** per booth per company. To register additional personnel, please fill out the following and return to *Taylor & Associates* no later than **Friday, June 16, 2017**. Meals provided should easily accommodate most diets. **Please only indicate food allergies, extreme dietary restrictions or special requirements.**

Please type or print clearly:

- | | | |
|----|----------------------------------|----------------|
| 1. | First Name _____ Last Name _____ | Cost: \$ 0.00 |
| | Dietary Restrictions: _____ | |
| 2. | First Name _____ Last Name _____ | Cost: \$ 0.00 |
| | Dietary Restrictions: _____ | |
| 3. | First Name _____ Last Name _____ | Cost: \$300.00 |
| | Dietary Restrictions: _____ | |
| 4. | First Name _____ Last Name _____ | Cost: \$300.00 |
| | Dietary Restrictions: _____ | |

FEE CALCULATION: _____ # of additional personnel @ \$300.00 per representative _____

Add: 5% GST (#106842909RT0001) _____

Add: 9.975% QST (#12200079151) _____

BALANCE DUE \$ _____

CACP APPRECIATION NIGHT

Please indicate if you plan on attending. The event is included with your registration.

YES we will attend _____ # of people NO, we will not attend

METHOD OF PAYMENT

Cheque payable to **CACP** (Must be submitted with this form) AMEX MasterCard Visa

Credit Card #: _____ Expiry Date: _____ Security code: _____

Cardholder's Name: _____ Signature: _____

Return balance due with this form and payment no later than Friday, June 16, 2017:

CACP Annual Conference 2017

c/o Taylor & Associates 11-5370 Canotek Road, Gloucester, ON K1J 9E7

Tel: 613-747-0262 | Toll Free: 800-853-4494 | Fax: 613-745-1846 | Email: cacp@taylorandassociates.ca