

OFFICIAL EXHIBITOR CONTRACT

General information

Please complete this interactive form. Save an electronic copy for your records and return via email to jpoirier@sogc.com along with the 50% deposit prior to April 15, 2009.

1. Company Information *(as requested for printing in all promotional materials)*

Company name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

Website: _____

Name of official responsible for correspondence: _____

Position / Title: _____

Telephone: _____ Extension: _____

Mobile: _____ Fax: _____

E-mail: _____

On-site Contact person during the ACM 2009 *(if different from official responsible)*

Contact name: _____

Telephone: _____ Extension: _____

Mobile: _____ Fax: _____

Email: _____

(The on-site contact person to be called after hours in case of emergency)

2. Exhibitor Directory: *(Description must be provided for inclusion by April 15, 2009)*

In the text box below, please include a description of the company, products and/or services you provide, the contact information and the company website for the Exhibitor directory:
(Maximum of 600 characters – including spaces)

3. Exhibitor - Booth Specifications

Booth 8' X 10'	= \$6,780	(HST included: \$780)
Booth 8' X 20'	= \$11,300	(HST included: \$1,300)
Table top	= \$1,695	(HST included: \$195)
Non-profit	= special rate	(to be approved by the SOGC)

4. Exhibitor - Passes/badges

Three (3) complimentary passes are provided for every 8 X10 booth or table top display. Only the name of the company will figure on the pass, allowing you to give the pass to a different representative if necessary. Each company is responsible for managing the use of their passes. Additional fees will apply if you wish to obtain more than 3 passes.

ADDITIONAL passes/badges:

Number of additional passes/badges: ____ @ \$350 per person (HST included: \$40.27)

Each representative (complimentary passes and/or additional passes) has access to all the activities taking place in the Exhibition Area, as well as all the plenary sessions. However, only physicians have access to the Best Practice Sessions, Post-Graduate Courses and Sub-Specialties.

5. Booth number/location preference:

1st choice: _____ 2nd choice: _____

3rd choice: _____ 4th choice: _____

If you would **like to be located near** an organization/company please list it here:

If you **do not wish** to be located next to a major competitor(s) please list it here:

6. Exhibitor Appointed Contractors (if applicable)

Exhibitors may elect to use their own Exhibitor-Appointed Contractors. All contractors are required to adhere to all of SOGC's rules and regulations. It is the responsibility of the exhibiting company to have a liability insurance of not less than \$2,000,000.00. The SOGC, Global Convention Services LTD (SOGC's appointed trade show provider) and the Halifax World Trade & Convention Centre are to be named cross-insured partners on the Liability Certificate.

Appointed contractor - contact person: _____

Company Name: _____

Telephone: _____ Extension: _____

Mobile: _____ Fax: _____

E-mail: _____

OFFICIAL EXHIBITOR CONTRACT

Payment information

Contract signed using electronic signature: Complete Official Exhibitor Contract, add electronic signature, save an electronic copy for your records and return via email to jpoirier@sogc.com prior to April 15, 2009.

Contracts signed without electronic signature: Complete Official Exhibitor Contract, save an electronic copy for your records and return via email to jpoirier@sogc.com prior to April 15, 2009. Then, print only this page, sign by hand and send to the attention of Janie Poirier by mail or by fax at (613)730-4314.

Payments by cheque are to be mailed to the SOGC National Office.

7. Payment

Booth cost – total of section # 3: \$ _____

Additional passes - total of section # 4: \$ _____

Total \$ _____ (÷ 2 = 50% deposit)

(50% deposit is due with the completed and signed Official Exhibitor Contract no later than April 15, 2009)

Method of Payment: Cheque (payable to the SOGC) Credit Card

Credit Card Type:



Card Number: _____

Expiry Date: __ / __

Name on Credit Card: _____

8. Agreement

We, the undersigned, hereby acknowledge receipt of and agree to abide by the rules and regulations which are by reference hereby made part of this agreement. We are also aware of, and agree to abide by, the application and cancellation policies.

Company Name: _____

Name: _____

Signature: _____

Date: _____
DD/MM/YY

Booth Assignment: Completed and signed Exhibitor Contracts must be received by April 15, 2009. The SOGC will assign booth locations based on the date of receipt of the signed Official Exhibitor Contract at the Society's National Office and your 50% deposit. Please note that space is allocated on a first-come, first-served basis (with priority to ACM 2009 Sponsors, ACM 2008 Exhibitors and past supporters of the Society). The SOGC may, at its discretion, accept or reject any application for space, and reserves the right to relocate or reassign exhibit booths at any time for the overall benefit of the meeting.

* HST number = 10809 9045 RT0001