



The Canadian Association for Health Services and Policy Research (CAHSPR)

2010 Annual CAHSPR Conference

May 10-13, 2010, Toronto, Ontario

Exhibitor Prospectus

The Canadian Association for Health Services and Policy Research (CAHSPR) invites you to become an exhibitor for the 2010 Annual CAHSPR Conference held on May 10-13, 2010 in Toronto, Ontario. Researchers, decision makers, and students will contribute new insights about health services, systems, policy and politics in a variety of presentations during this exciting conference.

Exhibitors are expected to have their exhibit space(s) or table display(s) set up for the duration of the conference. Fees are listed below.

Should exhibitors wish to have two (2) spaces, the forum organizers will do their best to ensure that the spaces are allocated next to each other for the duration of the event.

For one (1) 10'x10' ft. Exhibit Space: \$2,000.00

INCLUDED IN EACH EXHIBIT SPACE PACKAGE:

- One (1) complimentary registration to the conference
- One (1) 10 x 10 space
- One (1) 6 ft. table
- Assistance with set-up and tear-down
- Two (2) chairs
- One (1) power bar

NOT INCLUDED:

- Assistance with set-up and tear-down
- Additional electrical/power

For one (1) 6' ft. Table Display: \$500.00

INCLUDED IN EACH TABLE DISPLAY PACKAGE:

- One (1) 6' ft. table only

NOT INCLUDED:

- Assistance with set-up and tear-down
- Additional chairs
- Additional electrical/power

Contact us today for to set-up
your exhibit space!



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EXHIBITING ORGANIZATION/COMPANY:

Contact Person: _____
 Email Address: _____
 Mailing Address: _____
 Telephone #: _____
 Website: _____

| EXHIBIT TYPE: | QTY. | CONFIRM TOTAL AMOUNT |
|--|---------|----------------------|
| <input type="checkbox"/> 10' x 10' ft. Exhibit Space (\$2,000) | x _____ | \$ _____ |
| <input type="checkbox"/> 6' Table Display (\$500) | x _____ | \$ _____ |

EXHIBIT SPACE

Name of the person who will be responsible for coordinating the exhibit for this organization/company

| Name | Email | Daytime Telephone |
|--|-------|-------------------|
| <input type="checkbox"/> Same as above | | |

Name of the person who will be responsible for being at the exhibit for this organization/company

| Name | Email | Daytime Telephone |
|--|-------|-------------------|
| <input type="checkbox"/> Same as above | | |

- We will require an additional booth space.
- We will require an additional table display.
- The two spaces must be next to each other.
- I would like to contract out the service for the set-up and tear-down of our booth(s).

COMPLIMENTARY REGISTRATION

Name: _____
 Email address: _____
 Telephone #: _____

**We will contact this individual with instructions for registering for the conference using their complimentary fee.*

SIGNATURE: _____ Date: _____

For more information, please contact:

Sally Cleford, Association Manager, CAHSPR, Face 2 Face Events Management
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 Email: sally@f2fe.com ▪ www.cahspr.ca

