



Exhibitor Agreement Form – Non-Profit Organizations (NPOs)

Company/Organization:

(As you would like it to appear on all representatives' badges)

Contact Name:

Street Address:

City:

Prov.:

Postal Code:

Phone:

Fax:

E-mail:

The undersigned hereby authorizes CSACI to reserve exhibit space for use by the above company or organization and agrees to abide by the Exhibit Rules and Guidelines.

EXHIBIT INVOICES WILL BE ISSUED BY THE CSACI UPON RECEIVING EXHIBITING CONFIRMATION. (PLEASE DO NOT SEND ANY MONIES)

Signature: _____

*This price was determined based on the rental fees incurred
by CSACI for the exhibition*
EXHIBITOR FEES FOR ONE SPACE IS \$500.00 CAD + 13% TAX
GST/HST no. 87583 4392RT0001

INCLUDED IN YOUR BOOTH

- **FREE DELEGATE REGISTRATIONS (UP TO FOUR REPRESENTATIVES)**
- **Good visibility booth positioning**
- **Quick link box – ability for quick access to company profile and description**
- **Option to upload TWO (2) PDFs**
- **Booth and logo highlighted on VIRTUAL exhibitor floor**
- **Verbal recognition as an Exhibitor during the Annual Scientific Meeting**



Please include name of booth representative(s):

- 1.
- 2.
- 3.
- 4.

PLEASE SUBMIT THIS FORM VIA EMAIL TO:

info@csaci.ca

Website: www.csaci.ca

P.O. Box 51045, Orleans, ON K1E 3W4

Tel: 613-986-5869