



CANADIAN SOCIETY OF TRANSPLANTATION (CST)
SOCIÉTÉ CANADIENNE DE TRANSPLANTATION



Annual Scientific Meeting / Assemblée scientifique annuelle
Oct 13 – Oct 16 2016 du 13 oct au 16 oct 2016
Hilton Québec, Québec City, QC

Exhibitor Application Form- Exhibitor

Please fill this form, then email via the contact information listed below.

Company/Organization _____

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

Contact Name _____

Street Address _____

City _____ Province/State _____ Postal Code _____

Phone _____ Fax _____

E-mail (required) _____

By return of the complete form using the submit button or by email, the contact name provided above hereby authorizes CST to reserve exhibit space for use by the above organization and agrees to abide by the Exhibit Rules and Guidelines printed in the following document.

Exhibitor Fees for one exhibit space are \$5,000.00 CAD + 5% GST (\$250) + 9.975% QST (498.75)
 (Total \$5748.75)
GST Registration No. 87178 0144 RT0001

Complete and send this application form with full payment to reserve exhibit space.

Amount enclosed: _____ Cheque

PLEASE COMPLETE THE FOLLOWING:

- 1) Do you require a 6' skirted table? Yes No
- 2) Do you require two chairs? Yes No
- 3) Do you require one 2-plug electrical outlet (1500 watt)? Yes No
- 4) Please indicate your exhibit format: Pre-Fabricated Booth Tabletop only Backdrop
- 5) I am including the certificate of insurance Yes OR it will be sent by **September 7, 2016**
 (All exhibitors must provide copies of their Certificate of insurance – see sample on CST website).
- 6) Companies you would prefer not to be placed near: _____

NOTE: SPACE IS LIMITED. PLEASE ENSURE EXHIBITOR FORM IS SUBMITTED BY DEADLINE.

COMPLETE AND SEND THIS APPLICATION FORM TO RESERVE YOUR EXHIBIT SPACE BY:
August 15, 2016

CST-SCT
 c/o Gallaher Membership Services – Meeting Planner
 114 Cheyenne Way, Ottawa ON K2J 0E9
Tel: 1.877.968.9449 **Fax:** 613.491.0073
Email: rob@gallaher.ca **CST Website:** www.cst-transplant.ca

For Office Use Only

Date Received: _____

Customer ID #: _____

AR Invoice #: _____

Date Invoice Requested: _____

Requestor initials: _____