

Canadian Aboriginal AIDS Network

12th Annual General Meeting

Marriott Cree River Resort

Enoch, AB

Exhibitor Application Form and Contract

Exhibit Registration:

Organization _____

Address _____

City _____ Province _____ Postal Code _____

Exhibit Contact:

Name _____

Title _____

Phone _____ Fax _____

Exhibit Requirements:

Non Profit Organization \$250.00 per table for four days

For Profit Organization \$300.00 per table for four days

Fees and Payment:

Number of Booths _____ at \$ _____ for _____ days = \$ _____

Cheques can be made payable to "Canadian Aboriginal AIDS Network" (personal cheques must be certified)

Exhibitor space is limited and will be reserved on a first come first served basis. Exhibitor application and fees must be received no later than April 30th, 2010.

We hereby authorize the reservation of an exhibitor booth(s) for use during the Conference in Enoch, AB June 14th-17th, 2010. We agree to comply with all items and conditions stated in the exhibitor information section. We agree to pay the full exhibit fee with the application. Space cannot be assigned unless full payment accompanies this application.

Signature

Date