



Rainbow Health Ontario



www.RainbowHealthOntario.ca/conference

## Exhibit & Advertiser Application & Registration Form

### Rainbow Health Ontario 2010 Conference

March 24 - 26, 2010 Toronto Marriott Downtown Eaton Centre Hotel, Toronto, Ontario

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Product/Service Description (please be specific): \_\_\_\_\_

**Advertising Space Cost:**  1/4 page \$250  1/2 page \$500  Full page \$1,250

**Exhibit Space Cost:** (is for exhibit space only, and does not include access to conference materials, workshops, plenaries or food and beverage functions)

Private Sector Companies (for profit):  \$500

Government, Large NFPs, Small Businesses  \$250

Small Not-for-Profit Agencies:  \$150

#### Additional Options:

- Full Conference Access: \$300  Yes  No
- Food & Beverage functions only: \$100  Yes  No
- Exhibit Booth with Burgundy drape @\$80/day (instead of display table):  Yes  No
- 15 amp electrical outlet @ \$45 for event (includes extension cord and power bar safely taped):  Yes  No
- High Speed Internet @ \$175 for event:  Yes  No

#### Shipping instructions:

Materials cannot arrive earlier than Wednesday, March 24. Please complete and print Marriott Shipping. Instructions.

#### TOTAL COST:

Ad Space	\$	_____
Exhibit Space	\$	_____
Exhibit Booth	\$	_____
Full Conference Access	\$	_____
Food & Beverage functions only	\$	_____
High Speed Internet	\$	_____
Electrical outlet	\$	_____
<b>DUE</b>	<b>\$</b>	<b>_____</b>
<b>GST</b>	<b>\$</b>	<b>_____</b>
<b>TOTAL DUE</b>	<b>\$</b>	<b>_____</b>

#### PAYMENT TERMS:

Payment must accompany this application  
(cheque must follow faxed application within 10 business days).

Cheque (payable to Rainbow Health Ontario/Sherbourne Health Centre)  
 VISA  MASTERCARD

Card Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Card holder's name : \_\_\_\_\_  
Signature: \_\_\_\_\_

**Please return this form with payment to:**  
**RHO 2010 Conference Planners, Rachel Gillooly & Associates**  
by Fax (705) 454-9792 or mail RR # 1, Norland, ON K0M 2L0

Office Use

Approved:

Date:

Payment Received:

Exhibit Space No.:

Initials: