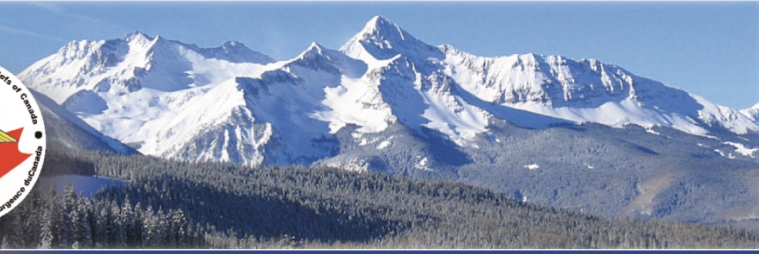


Emergency Medical Services Chiefs of Canada Conference

Lake Louise, Alberta

June 7-9, 2010



A National Conversation

VENDOR REGISTRATION AND EXHIBIT SPACE APPLICATION

COMPANY NAME: _____

COMPANY CONTACT: _____

WE WISH TO DISPLAY OUR SERVICES AT THE CONFERENCE. PLEASE RESERVE, FOR OUR USE, THE FOLLOWING SPACE(S) AS SHOWN ON THE FLOOR PLAN:

1st Choice: Space # _____ 3rd Choice: Space # _____

2nd Choice: Space # _____ 4th Choice: Space # _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ EMAIL: _____

TELEPHONE: _____ FAX: _____

Payment options:

*Note once payment is received, I will contact you for booth selection.

Cheque

Return completed application form with cheque made payable to:

EMS Chiefs of Canada
#100, 3705 35 Street N.E.,
Calgary, AB, T1Y 6C2

Att: Scott Holland
Team Lead Special Operations
Alberta Health Services - EMS
(403.955.9532)

Credit card

Return completed application form with your credit card information to our secure fax line 403.955.9615:

Credit card: _____ (visa or MC)
Number: _____
Exp date: ____/____
Security code: _____ (3 digit number on the back of the card)

Att: Scott Holland
Team Lead Special Operations Alberta
Health Services - EMS (403.955.9532)

VENDOR Registration packages:

ITEM	INCLUDED IN REGISTRATION	RATE (each)	5% GST	AMOUNT
8' X 10' BOOTH	Two vendor registrations, trade show booth, coffee breaks and lunches in vendor area.	\$2500	\$125	
	Additional booth number	\$2500	\$125	
	Additional booth number	\$2500	\$125	
	Additional booth number	\$2500	\$125	
Additional vendor Meal Plans	All meals and coffee breaks in vendor area (additional vendor registrations are available only if a booth has been reserved)	\$200	\$10	
	Total amount of cheque or credit charge.			

Names of vendor representatives:

1. _____
2. _____

Names of additional vendor representatives

1. _____
2. _____

DEADLINE: APRIL 30, 2010

*Payment must accompany the registration form.

*Note booth selection is based on first come first serve basis.

*Note once payment is received I will contact you for booth selection.

*Conference sponsorship opportunities are also available. If you are interested in becoming a conference sponsor please contact me at

403.955.9532

CANCELLATION POLICY: Cancellations will not be accepted.

SIGNATURE: _____

Signature indicates acceptance of the Rules & Regulations for Exhibitors (enclosed) which govern the use of display space and credit card authorization.