



DYNAMICS 2010 - EXHIBITOR REGISTRATION FORM

Shaw Conference Centre
Edmonton, Alberta

Exhibit Set Up Date: September 18, 2010
Exhibition Dates: September 19 - 21, 2010

Company Name:

(As it should appear in all conference materials.)

Contact Person:

(To whom all conference correspondence should be addressed.)

Contact Person's Title:

Telephone Number:

Fax Number:

E-Mail Address:

Company Web Site Address:

Street Address:

City:

Province/State:

PC/Zip:

Please reserve _____ booth space(s) for DYNAMICS 2010

Note: If ordering a block of four booths please circle one layout: linear or peninsula

Please check if one table and 2 chairs are required for your booth.

Please check one of the following payment options:

Early Bird Price: Payment received by April 30, 2010

- Enclosed is our entire early bird payment
 Enclosed is our early bird payment less the deposit previously sent to CACCN

Regular Price: Payment received after April 30, 2010

- Enclosed is our entire regular payment
 Enclosed is our regular payment less the deposit previously sent to CACCN

Please make cheque payable in **Canadian Funds** to:

DYNAMICS 2010
c/o CACCN
P.O. Box # 25322, London, Ontario, N6C 6B1

Cancellation Policy:

If written cancellation of space is received by June 30, 2010, 80% of booth fee will be returned. No refund will be given if the cancellation occurs after June 30, 2010.

P.O. Box 25322, LONDON, ONTARIO, CANADA N6C 6B1 Phone: (519) 649-5284 Fax: (519)649-1458 Email: caccn@caccn.ca

Canadian Association of Critical Care Nurses