



**Exhibitor Agreement Form – Corporate Sponsors/Exhibitors**

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

**SELECT YOUR SPONSORSHIP  
CATEGORY**

- Platinum Sponsor
- Diamond Sponsor
- Gold Sponsor
- Silver Sponsor
- Bronze Sponsor
- Other Level

Company/Organization

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

Primary Contact Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail (required)

\_\_\_\_\_

*By return of the complete form, the contact's name provided above hereby authorizes CANM to reserve exhibit space for use by the above organization and agrees to abide by the Exhibit Rules and Guidelines.*

Complete and send this application form to reserve your exhibit space.

**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 23<sup>rd</sup>, 2023  
**(All exhibitors must provide copies of their Certificate of insurance – see sample on CANM website).**
- 6) One complimentary wireless Internet connection Yes  No
- 7) Companies you would prefer not to be placed near: \_\_\_\_\_
- 8) Please provide a listing of the individual(s) attending the meeting and advise us of any changes of participant names before the meeting. (page 2)

**DEADLINE FOR EXHIBITOR FORM FOR PRIORITY SPACE ASSIGNMENT IS:**

**August 26<sup>th</sup>, 2023**



## List of Attending Registrants

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

**For our records, and to ensure you receive your complimentary registration, please provide the names of your attendees in the space below.**

*(Check box if receiving  
complimentary registration)*

Please print name:

- |     |       |                          |
|-----|-------|--------------------------|
| 1.  | _____ | <input type="checkbox"/> |
| 2.  | _____ | <input type="checkbox"/> |
| 3.  | _____ | <input type="checkbox"/> |
| 4.  | _____ | <input type="checkbox"/> |
| 5.  | _____ | <input type="checkbox"/> |
| 6.  | _____ | <input type="checkbox"/> |
| 7.  | _____ | <input type="checkbox"/> |
| 8.  | _____ | <input type="checkbox"/> |
| 9.  | _____ | <input type="checkbox"/> |
| 10. | _____ | <input type="checkbox"/> |

**Online Registration - CANM has sent you an online registration link. If you require this link again, please contact [canm@canm-acmn.ca](mailto:canm@canm-acmn.ca) .**

Note that complimentary registration is provided based on sponsorship level, and is for the main conference registration only. **All additional company representatives must register at the corporate rate.** Payment will be required for events to which additional fees are noted.

**All individuals must complete the online registration form by August 26<sup>th</sup> 2023.**

### **PLEASE SUBMIT THESE FORMS TO:**

P.O. 65030, Succ 4 coins, Rosemère, QC J7A 4P1

Tel: 514-963-3269

Email: [canm@canm-acmn.ca](mailto:canm@canm-acmn.ca) or [nlapierre@canm-acmn.ca](mailto:nlapierre@canm-acmn.ca)