



12th Annual BC Aboriginal HIV/AIDS Conference
Coast Inn of the North
770 Brunswick Street
Prince George, B.C.

EXHIBITOR APPLICATION FORM AND CONTRACT

EXHIBIT REGISTRATION:

Organization

Address

City

Province

Postal Code

EXHIBIT CONTACT:

Name

Title

Phone (please include area code)

Fax (please include area code)

EXHIBIT REQUIREMENTS:

Non Profit Organization \$100.00 per table for three days

For Profit Organization \$150.00 per table for three days

FEES AND PAYMENT:

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

Cheque payable to Healing Our Spirit is enclosed (**personal cheques must be certified**)

Money order payable to Healing Our Spirit is enclosed

Purchase Order # _____ (attach a copy of your completed Purchase Order)

Exhibitor space is limited and will be reserved on a first come first served basis. Exhibitor application and fees must be received at Healing Our Spirit **no later than February 29, 2008.**

We hereby authorize the reservation of an exhibitor booth(s) for use during the Conference in Prince George, B.C. April 28 – 30, 2008. 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.**

Authorized Signature

Date