



Healing Our Spirit BC Aboriginal HIV/AIDS Society
14th Annual BC Aboriginal HIV/AIDS Conference

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 \$200.00 per table for three days

For Profit Organization \$300.00 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

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 26, 2010

We hereby authorize the reservation of an exhibitor booth(s) for use during the Conference in Vancouver, B.C. April 12 – 14. 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