



EXHIBITOR CONTRACT

We, the undersigned, hereby make application for exhibit booth space at the CNIA Conference to be held at the Delta Meadowvale Resort and Conference Centre November 23-24.

Our preference is indicated by the following booth numbers (*Floor plan located on page 7 of the Guidelines*):

1st Choice/s: _____ 3rd Choice/s: _____

2nd Choice/s: _____ 4th Choice/s: _____

Booth	Before September 22, 2009	After September 22, 2009
Single	\$750.00 (plus \$37.50 GST)	\$900.00 (plus \$45.00 GST)

I have enclosed full payment of \$ _____

Cancellation Policy: Cancellations received in writing on or before September 22, 2009 will receive a 50% refund. No refunds will be issued for cancellations after September 22, 2009.

Method of payment:

Cheque made payable to CNIA

We, the undersigned, agree to abide by rules and regulations governing the erection, conduct or management of exhibits as may from time to time be made known to the exhibitors by the Canadian Nursing Informatics Association, CNIA. We are also aware of, and agree to abide by, the application and cancellation policies.

Authorization (please include main contact on separate sheet of paper if different from authorization):

Name:	Position:
Company Name:	
Address:	
City:	Prov/State:
Postal/Zip Code:	Web site:
Phone:	E-mail:
Signature:	Date:

Please submit form and full payment mail to:

CNIA
PO Box 83054, 1830 Bank Street
Ottawa ON, K1V 6K3