

Exhibitors Application Form

Please type or print in block letters



Organization/Business Name: _____

Contact Name: _____ Contact Title: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Mailing Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Please indicate number of representatives per booth: _____

Please indicate your booth assignment preference:

Choice 1: _____ Choice 2: _____ Choice 3: _____

Please indicate whether you require a power outlet for your booth: (check YES / NO)

If yes, please indicate how many: _____

Payment of \$2500 CAD by:

Cheque (payable to the Arctic Health Research Network-NT)

Visa Mastercard

Card Number: _____ Expiry Date: ____/20 ____

Security Code (3-digit code on back of card): _____

Card Holder Name: _____ Signature: _____

(please print)

Please FAX or mail application to Congress Coordinator at +1.867.873.9338

Cheques can be sent to ICCH14 Coordinator PO Box 11050 Yellowknife, NT X1A 3X7

