



2018 Claims and Anti-Fraud Annual Conference Exhibit Booth Application Form

Section 1: Company Name & Information

This information will be used in the “Exhibitor Information” section of the Conference materials, please provide us with the exact text including spacing and capitalization.

COMPANY INFORMATION

Company Name

Address

Suite

City

Province/State

Postal/Zip Code

Website

CONTACT INFORMATION

Contact Name

Title

Phone (include Extension)

Email

NATURE OF YOUR BUSINESS OR ORGANIZATION

Investigations/Intelligence

Managed Care

Rehabilitation

Professional Association

Medical Examinations

Claim Payment/IT Systems

Other:



Section 2: Fees

Booth Rental (10' x 10' includes table and 2 chairs, (1) 1500 watt outlet) One complimentary representative is included in cost of booth rental	\$ 2,750.00
Fee for each additional representative	\$ 995.00

BOOTH OPTIONS

	Fee	HST	Total
<input type="radio"/> Exhibit Booth (includes 2 complimentary reps)	\$ 2,750.00	\$ 412.50	\$ 3,162.50
<input type="radio"/> Exhibit Booth with 1 additional rep	\$ 3,745.00	\$ 561.75	\$ 4,306.75
<input type="radio"/> Exhibit Booth with 2 additional reps	\$ 4,740.00	\$ 711.00	\$ 5,451.00
<input type="radio"/> Exhibit Booth with 3 additional reps	\$ 5,735.00	\$ 860.25	\$ 6,595.25

Yes, I require a 15 Amp power supply at our exhibit booth

Additional Fees

Special Event Ticket(s)	\$ 85.00	\$ 12.75	\$ 97.75
Number of tickets to be purchased	<input type="text"/>		

All Fees Payable in Canadian Dollars

GST/HST Reg. No. 106862907 QST Reg. No. 1006355141

Note: Full payment for the booth must be received by Friday, March 23, 2018.

METHOD OF PAYMENT

Payments are accepted by cheque, EFT* or Wire Transfers*

Please forward payment in Canadian Dollars, made payable to:
Canadian Life and Health Insurance Association Inc.
Attention: Accounting-Events
79 Wellington St. West, Suite 2300
P.O. Box 99, TD South Tower
Toronto, ON M5K 1G8

Contact Mary Ellen Baker for electronic banking information
at mbaker@clhia.ca.

* Additional fees may apply.

BOOTH CANCELLATION POLICY

All cancellations must be received in writing
by email to the attention of Mary Ellen Baker
(mbaker@clhia.ca). An administration fee of
\$50.00 (plus applicable taxes) will apply.
No refunds will be issued for booth
cancellations after April 24, 2018

With submission of this form, I hereby agree to all terms and conditions set out in the Exhibitor Package.

Save your Application Form as a PDF on your computer with your company name in the file name.
Send the PDF to Mary Ellen Baker at mbaker@clhia.ca.

Please complete the Exhibitor Information on the following pages.



Exhibitor Information Form

Write a brief description of your products and/or services (25 words or less/300 characters). Descriptor must be submitted by email in the box below.

Our company exhibited at the 2017 CLHIA Claims and Anti-Fraud Annual Conference. Last year's descriptor may be replicated for this year.

BOOTH PREFERENCE (see attached exhibitor floor plan included with this package)

Indicate choice for rental space by booth number:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st	2nd	3rd	4th

Please note: Availability of booth space will be limited according to sector and industry needs. Diamond and Platinum sponsors will be given priority selection. Submit this application form electronically and forward payment to the attention of Accounting-Events. As you will be advised of your booth number by e-mail, please be sure to provide a direct e-mail address in the contact information section above. Booth numbers will be assigned approximately two weeks prior to the conference date. CLHIA reserves the right to revise booth locations.

BOOTH PREFERENCE NOTES:



Company Representative Registration

PLEASE NOTE:

Once payment is received, each representative listed below will be contacted regarding the on-line Conference Registration System where full details of the conference program, workshop selections and other requirements are available.

For each representative, please provide their corresponding e-mail addresses and have them register for a CLHIA web account at www.clhia.ca/signup. They must have a web account to view the registration database and to register for workshops.

Option 1 - Two Complimentary Representatives

Name	<input type="text"/>	Title	<input type="text"/>
Email	<input type="text"/>	Dietary Restrictions	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>
Email	<input type="text"/>	Dietary Restrictions	<input type="text"/>

Option 2 - Additional Representative

Name	<input type="text"/>	Title	<input type="text"/>
Email	<input type="text"/>	Dietary Restrictions	<input type="text"/>

Option 3 - Additional Representative

Name	<input type="text"/>	Title	<input type="text"/>
Email	<input type="text"/>	Dietary Restrictions	<input type="text"/>

Option 4 - Additional Representative

Name	<input type="text"/>	Title	<input type="text"/>
Email	<input type="text"/>	Dietary Restrictions	<input type="text"/>