

P.O. Box 5055, Stn. C St. John's, NL A1C 5V3 Telephone: (709) 754 9889 Email: info@nlohsa.ca www.nlohsa.ca

## **EXHIBIT SPACE**

\$1,000.00

## **Benefits and Information for Exhibitors**

- Cost for exhibit space is \$1000.00 + HST = \$1150.00
- Exhibit fees include the exhibit space, drapes, table, table cloth, chair, electrical connection, one (1) ticket for the Exhibitor's reception, networking social, luncheon, annual dinner and conference sessions. Additional tickets for the aforementioned events may be purchased at an extra cost.
- Exhibit space is 8' by 10', maximum two (2) persons per booth. Event tickets may be purchased for 2<sup>nd</sup> booth attendee.
- Full conference pass may be purchased at \$325 each.
- Exhibit space assigned on a first come first serve basis.
- Exhibit days are Wednesday, May 13 and Thursday, May 14, 2020.
- Exhibit space (Evangel Community Centre) will be available for setup on Wednesday, May 13, 2020,
  8:00 a.m. 12:00 Noon.
- Dismantling of exhibits is scheduled following the afternoon coffee break on Thursday, May 14, 2020.
  (All exhibits Must be removed on Thursday, May 14, 2020.)
- Extra fees may apply for pre and post exhibit storage. (Check with Alex Rowe at the Evangel Community Centre, 709-235-1315 or <u>alexrowe@evangelgander.ca</u>.

See registration form Page 6



P.O. Box 5055, Stn. C St. John's, NL A1C 5V3 Telephone: (709) 754 9889 Email: info@nlohsa.ca

www.nlohsa.ca

## 2020 – EXHIBITOR REGISTRATION

Yes, I would like to parti	cipate in the $2020 - 64^{rd}$	Annual Conference as a	n Exhibitor.	
Company/Organization:				
Address:		City:	Prov	
Postal Code:				
Tel. #	Fax #	E-mail:		
Contact Person and Title	ə:			
Name(s) of individuals v	who will be staffing the bo	oth:		
Please note exhibitor registr	sation includes one full conference on the first street of the full conference of the full	HST = \$11.50 X HST = \$23.00 X HST = \$28.75 X HST = \$57.50 X	\$	
	ss includes 1 access tio J Social, Luncheon and	cket to all conference so Dinner).	essions (Exhibitor's	
☐ A cheque or money order in the amount of \$		and payable	and payable to NLOHSA is enclosed.	
□ Please charge \$		d □ Visa		
Card Number		Expiry		
Name of Cardholder		Security Code (3 digits on back of card)		
Authorized Signature				
Register online a	t www.nlohsa.ca	or by email: mona@		
NL Occupational Health	& Safety Association		6   P a g e	