



ICHC-22
August 2-7, 2009
Exhibitor Registration

Company _____

Address _____

Contact Person _____

Title _____

Telephone _____ **Fax** _____

Email _____

Website _____

Names of Exhibitors _____

Additional Requirements _____

Payment Information

A confirmation will be sent upon receipt of this form and payment.

Cost: \$3000 + 13% HST (\$390)

Total: \$3390

- Cheque (*Canadian funds, payable to "Memorial University, ICHC-22"*)
- VISA
- MasterCard

Card #: _____ **Expiry Date:** ____/____/____

Cardholder Name: _____ **Signature:** _____

Cancellation Policy: Cancellations must be received in writing on or before July 15th an administrative fee of \$150.00 will be charged for all cancellations. Please note that no refunds will be issued after this date.

Please complete and send by fax or email to:

Mary Garnier
Fax: 709-737-6705
mgarnier@mun.ca

We look forward to meeting you at ICHC-22!