

SHOWCASE APPLICATION FORM

Exhibitor Information:

Company

Website

Address

Contact Information:

Name

Phone

Email

Booths are limited to 10' by 10' each. Please note that booths will be assigned first to sponsors. All other booths will be assigned on a first-come-first-served basis once payment has been received by CPHR BC & Yukon.

Please indicate which of these competency areas best fit your product:

Choose up to 3

Strategy

Engagement

Total Rewards

Health, Wellness & Safe Workplace

Workforce Planning & Talent Management

Professional Practice

Labour & Employment Relations

Learning & Development

Metrics, Reporting & Financial Management

Showcase Booth	@ \$1,000	Total Fee
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Attendee Bag Insert	+ \$200.00	5% GST
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TOTAL CHARGES

CANCELLATION: CPHR BC & Yukon will refund 50% of the total exhibit fee for cancellations received in writing by 5:00 pm August 15th. After August 15th no refunds will be made. In the unlikely event of cancellation of the conference, the liability of CPHR BC & Yukon is limited to the return of fees paid.

PAYMENT INFORMATION (Full payment must accompany this order form to secure your request for exhibit space.)

Payment by	VISA	MC	AMEX	Cheque	payable to CPHR BC & Yukon
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Account Number

Expiry Date

Name on card

Signature _____

Please mail, fax or e-mail the completed form to:

CPHR BC & Yukon , 1101 - 1111 West Hastings Street, Vancouver, BC V6E 2J3 Fax: (604) 684-3225 Email: accounting@cphrbc.ca