



2008 Sponsorship/Exhibit Contract

Please complete and mail or fax back:
EXPO MANAGEMENT INC.
 2498 Yonge Street, Suite 323, Toronto, Ontario M4P 2H8
 Toll Free: **888.253.1718** Fax: **416.927.9313** Email: leebaker@exposition.com

Tuesday June 17th, 2008
 Toronto Board of Trade
 World Trade Centre
 First Canadian Place
www.corporatephilanthropicconference-cda.com

Cancellations: Payments are non-refundable and non-transferable in the event of cancellation.
Contract Terms & Conditions: See attached Schedule "A", which forms part of this agreement.

Company: _____ Contact Name: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

SPONSORSHIP OPPORTUNITIES – All rates are in Canadian Dollars (5% GST applies) and are due upon signing the contract

	Pricing	8 x 8 Booth	Conference Pass(es)	Introduction of & Closing Remarks for Speaker	Logo & Link on Website	Signage Throughout Conference
Non-Profit Rate for Booths Space Only	\$1000	X	1			
Exhibit Booth (10 available)	\$2300 prior to May 15/08 \$2800 after May 15/08	X	1			
Keynote Sponsor (2 available) 1 Breakfast / 1 Lunch	\$5000 prior to May 15/08 \$5500 after May 15/08	X	2	X	X	X
Speaker Sponsor (3 available)	\$3500 prior to May 15/08 \$4000 after May 15/08		1	X	X	X
Networking Reception (1 available)	\$3500 prior to May 15/08 \$4000 after May 15/08	X	1		X	X

(Note: Additional Conference Passes are **\$795** for Sponsors and **\$895** Non-Sponsors)

SPONSORSHIP ITEM(S): _____ + _____
(please list) (additional conference passes – if any)

SPONSORSHIP COST(S): _____ **(Excluding 5% GST)**
(please list total price)

PAYMENT OPTIONS:

Due with Application: \$ _____ (Full Amount + GST)

We require an invoice to pay the fee Cheque enclosed made payable to: **EXPO MANAGEMENT INC.** Charge my credit card: VISA MASTERCARD AMEX

Credit Card Number: _____ Expiry Date: _____

Card Holder's Name: _____ Signature: _____

(GST # 856123286 RT0001)

I have read and agree to the Terms and Conditions of this Contract and to the attached Schedule "A". We agree to abide by all Show regulations as outlined.
 A facsimile of this Contract in binding.

APPLICANTS NAME (PLEASE PRINT)	SIGNATURE	DATE
SHOW MANAGEMENT NAME (PLEASE PRINT)	AUTHORIZED SHOW MANAGEMENT SIGNATURE	DATE

Please retain photocopy of this form for your own records.

INTERNAL USE ONLY:

Authorization #: _____ Invoice #: _____ Amount: \$ _____ Date: _____ Initial: _____