

# SCLERODERMA

## CONFERENCE

Niagara Falls, ON.

Hosted by SSO

# 2022



Knowledge is Power

# Marketplace

## Exhibitor Registration Form

Scleroderma Canada appreciates your support. With your products and/or services, we can empower patients, caregivers and health professionals through educational and engaging events. Please complete all sections and return your form to the address listed below. You can also email your form to [conference@scleroderma.ca](mailto:conference@scleroderma.ca). For further information, please visit [www.sclerodermaconference.ca](http://www.sclerodermaconference.ca)

### Section 1: Company Information

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

My company will be selling product(s) at the conference.

Product description(s) and retail costs of product(s) to be sold:

\_\_\_\_\_

Product description(s) and retail costs of product(s) to be sold:

\_\_\_\_\_

### Section 2: Complimentary Exhibitor Registration 1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Company Name \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

## Section 2: Complimentary Exhibitor Registration 2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Company Name \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Additional exhibitor registrations must be paid registrations and may be made through the regular conference registration process.

## Section 3: Type of Product

Cosmetic	Clothing	Dental Health
Dietary	Food Processing	Financial Services
Fitness	Healthcare	Other _____

## Section 4: Payment Method

I am paying by cheque (please make cheque payable to Scleroderma Canada)

I am paying by credit card      VISA      MasterCard

Credit Card # \_\_\_\_\_ CVV#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If billing address different than above, please provide address:

\_\_\_\_\_

Name on card: \_\_\_\_\_

Signature (required): \_\_\_\_\_

Date \_\_\_\_\_

## Section 5: Acknowledgement of Terms & Conditions

Please read the Terms & Conditions and confirm with your signature below.

Support Terms: The vendor agrees that all provisions are part of a formal contract to participate in the Marketplace. Each company must email their logo in both EPS and JPG format to [conference@scleroderma.ca](mailto:conference@scleroderma.ca) for inclusion on the website and Marketplace.

I am an authorized representative of the company names above with the full power and authority to sign and deliver this application. The company listed on this application agrees to comply with all of the policies, rules, terms and regulations contained in the Terms & Conditions, and all policies, rules, terms and regulations adopted after publication of the original prospectus, which we accept as part of the agreement. I further acknowledge that Scleroderma Conference 2022 Organizing Committee reserves the right, in its absolute discretion, to reject the application. This application shall not become a binding contract until fully executed by both parties (the Vendor and the conference).

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send completed form with payment to:**

Scleroderma Canada, 41 King William Street Suite 203, Hamilton, ON L8R 1A2

**T:** 1-866-279-0632 **E:** [conference@scleroderma.ca](mailto:conference@scleroderma.ca)