

EXHIBITOR APPLICATION

FALL 2019 CONFERENCES

Jack Hirose & Associates are pleased to offer sponsorship opportunities to organizations and businesses who provide services in the fields of nursing, psychotherapy, addictions treatment, counselling, marriage & family therapy, psychology and other related fields.

As an exhibitor at a Jack Hirose and Associates workshop, you will receive an exclusive opportunity to interact with our workshop participants. We arrange breaks throughout the day to allow participants time to interact with our exhibitors. Your exhibitor booth will consist of a six foot draped table, located in or near the main lecture hall. You will have space to display promotional materials and showcase your organization or business.

| | STEP 1 – SELECT WORKSHOP(S) & CONFER | ENCE(S) | | | |
|-----------------------------------|---|---------------------|-------------|--------|--|
| | For-Profit Organization Conference Exhibitor Fee: \$3,000.00 (plus tax) Non-Profit Organization Conference Exhibitor Fee: \$1,500.00 (plus tax) Includes one complimentary seat. Only one person can be granted the complimentary registration, seats cannot be shared. | | | | |
| | The Educator's Conference: Brain-Based Learning, Behavioural Challenges, and Mental Health Toronto, ON April 30 - May 2, 2019 | | | | |
| | The Educator's Conference: Brain-Based Learning, Behavioural Challenges, and Mental Health Calgary, AB May 8 - May 10, 2019 | | | | |
| | The Educator's Conference: Brain-Based Learning, Behavioural Challenges, and Mental Health Saskatoon, SK May 13 - 15, 2019 | | | | |
| | STEP 2 – YOUR DESIGNATED FREE SEAT | | | | |
| | The three-day complimentary seat (\$619 value) applies to the conference only. The individual named here will receive a registration confirmation by email. Please note, only one person can be granted the complimentary registration - we do not allow seat sharing. Others who wish to attend can register at jackhirose.com. Only pre-registered individuals will be allowed in and provided with certificates valid for CEU's. | | | | |
| Name of Complimentary Registrant | | | | | |
| Email of Complimentary Registrant | | | | | |
| | | | | | |
| STEP 3 – CONTACT INFORMATION | | | | | |
| Name of Exhibiting Organization | | | | | |
| Name of Booth Attendant | | | | | |
| Billing Address | | | | | |
| Ci | ty Province P | | Postal Code | | |
| W | Work Phone # () Fax # | | | | |
| Е | mail Website | | | | |
| | | | | | |
| | STEP 4 – PAYMENT | | | | |
| | ease note, payment must be made in advance to reserve ace. Payment is non-refundable. Space is reserved on a first-me, first-serve basis. Upon receipt of payment, a confirmation tice will be emailed. Jack Hirose & Associates Inc. reserves the | ☐ Visa ☐ MasterCard | Cheque | | |
| | | Name on Card | | | |
| righ | nt to determine requests deemed to be suitable to the philosophy I mandate of the conference/workshop. | Card Number | | Expiry | |