COMP 56th Annual Scientific Meeting
June 16th to June 19th, 2010
Crowne Plaza Hotel, Ottawa, ON

Exhibitor Registration Form

Company Name: _____

Representative: _____
(first) (last

Address: _____

City: _____ Prov/State: _____

Telephone: _____

E-mail: _____

You may simply attach a business card with contact details.

Exhibitor Conference Registration Fee Schedule (All prices in Canadian dollars)

Please check the appropriate boxes:	**Before March 31st**	**After March 31st**
Corporate Non-Member		
☐ Exhibit booth and registration/social events for *one* representative)	$1650	$1920
☐ Additional representative registration/social events Name: _____	$660	$900
COMP Corporate Member		
☐ Exhibit booth and registration/social events for *one* representative	$950	$1140
☐ Additional representative registration/social events Name: _____	$395	$575

Total Exhibit Cost = _____

Add GST (5%) = _____

Total Fee Payable = $ _____

A COMP membership application form is available for interested companies or individuals. The corporate membership fee is $750. Please contact admin@medphys.ca for more information.

NOTE: Cancellations received after May 14, 2010 will be subject to a 20 percent administrative fee.
Pre-registration closes May 21, 2010. Please call the office after this date.

COMP accepts payment by cheque (in Canadian Dollars), money order, VISA or MasterCard. Please make cheque or money order payable to **COMP** and mail with this form to: **COMP, P.O. Box 72024, Kanata North RPO, Kanata, ON K2K 2P4.** ***If paying by credit card, please complete the following and fax the complete form to: 613-435-7257***

Visa/MasterCard #: _____ Exp.Date _____/_____

Card Holder's Name: _____ Signature: _____

Do you wish to participate in the 5K Fun Run? _____ (No fee, details to follow)