



Hosted by / Organisé par :



Partner Registration Form

COMPANY NAME: _____

ADDRESS: _____

Street Address

City

Province

Postal Code

WEBSITE: _____

CONTACT NAME: _____

PHONE NUMBER: _____ EMAIL: _____

NUMBER OF REPRESENTATIVES ATTENDING THE NATIONAL CONFERENCE: 1 or 2

NAME OF 1st ATTENDEE: _____ EMAIL: _____

NAME OF 2nd ATTENDEE: _____ EMAIL: _____

Conference Partner Selection*

☐

Presenting Partner

☐

Signature Partner

Partner Activation (*available to Conference Partners)

☐

Healthy Schools Summit

☐

Opening Ceremonies

☐

Keynote

☐

Delegate Bags

☐

Conference App

☐

Workshop Session(s)

☐

Thinker's Dinner

☐

Awards Banquet

☐

PHE Canada Research Forum

☐

Lunch

☐

Nutrition Break(s)

☐

PHEnomenal Marketplace Social

☐

Healthy Schools Summit

☐

Active Morning Session(s)

☐

Conference Lanyards

☐

Other _____

Additional Notes: _____

Exhibiting Partner

☐

Profit Organization \$ 1,200

☐

Not-for-profit Organization \$ 1,000

Billing Information

Invoice ☐ Cheque ☐ (payable to PHE Canada)

Credit Card: MasterCard ☐ Visa ☐ No. _____ Exp. ____ / ____ CVV # _____

Signature: _____

By completing this form, you are agreeing to the [Terms and Conditions](#) as set for Partners of the 2025 Physical and Health Education National Conference.