



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 FIRST ATTENDEE: _____ EMAIL: _____

NAME OF FIRST ATTENDEE: _____ EMAIL: _____

Conference Partner Selection

Presenting Partner

Signature Partner

Partner Activation*

Opening Ceremonies (May 2nd)

Active Morning Session(s)

Welcoming Ceremonies (May 3rd)

Lunch(es)

Awards Banquet

Nutrition Break(s)

Conference Lanyards

Exhibitor Marketplace Social

Delegate Bags

Pre-Conference (Culture Camp)

National Dance Off

Research Council Forum

Workshop Session(s)

Other _____

Additional Notes: _____

Exhibiting Partner

Profit Organization \$ 850

Not-for-profit Organization \$ 750

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 and Exhibitors of the 2024 Physical and Health Education National Conference.