Exhibitor Commitment Form

We, the undersigned, hereby make application for exhibit booth space at the e-Health 2012 Conference to be held in Vancouver, BC, Canada from May 27 - 30, 2012 (Tradeshow Dates: May 28 - 29, 2012).

Our preference is indicated by the following booth numbers (floor plan located on page 11):

1st Choice/s _____ 2nd Choice/s _____ 3rd Choice/s _____ 4th Choice/s _____

Booking Policies:

- ***Booth Confirmation:*** We are unable to confirm assignment and confirmation until we are in receipt of FULL PAYMENT.
- ***Payment Requirements:*** All payments required in Canadian Funds only and must accompany your application Payable to: e-Health 2012, c/o Advance Group Conference Management to the address below.
- ***Cancellation:*** Should it become necessary to cancel your booth notification is required in writing on or before February 3rd, 2012 to receive a 50% refund. Cancellation notification received on or after February 4th, 2012 are 100% non-refundable.

Payment Calculations:

Number of Booths: _____ x Price Per Booth = _____ + 12% HST _____ = TOTAL _____

Please indicate form of Payment: ☐ Cheque/Bank Draft *(made payable to e-Health 2012)* ☐ Visa ☐ MasterCard ☐ Amex

_____

Name on Credit Card | Credit Card Number | Expiry Date

_____

Authorized Signature | Date Signed

Company Name (as it will appear on all Conference Materials): _____

Contact Name: _____ Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____ Country: _____

Phone: _____ Fax: _____ Contact's Email Address: _____

Website: _____ Main product or service to be exhibited: _____

Product Description (50-word maximum): _____

_____

_____

I acknowledge I have read and agree to the exhibitor conditions and that I have authorized signing authority on behalf of my company to make the above commitment for the e-Health 2012: Innovating Health e-Care Conference in Vancouver, BC. I also acknowledge all of the information provided herein is accurate for publication with regards to the e-Health 2012: Innovating Health e-Care Conference.

☐ Yes, we acknowledge and understand that as an exhibitor at e-Health 2012, we are responsible, at our own expense, to maintain Commercial General Liability Insurance on an occurrence basis for a minimum amount of $2,000,000 per occurrence and such other forms of insurance as maybe appropriate to cover our obligations in connection with exhibiting at e-Health 2012. Our Commercial General Liability insurance must name COACH: Canada's Health Informatics Association, Canadian Institute for Health Information and Advance Group Conference Management Inc. as additional insureds.
A certificate of insurance must be received by the Conference Secretariat prior to confirmation of booth location.

Signature:_____ Date:_____

Please fax or mail this form, including payment, to: e-Health 2012 c/o Advance Group Conference Management Inc.

For all enquiries, contact:

Conference Secretariat
#101-1444 Alberni Street, Vancouver, BC Canada V6G 2Z4
Tel: +1 604 661 4955 Fax: +1 604 685 3521
Email: alyshar@advance-group.com
Conference Website: www.e-healthconference.com