



Exhibitor Registration Form

Contact details:

Name: _____

Email: _____ Telephone: _____

Web address: _____

Company : _____

Address: _____

City: _____ Province: _____ Postal code: _____

Trade Show fees

	Amount	
Booth fee		\$
Sponsor /a la carte		\$
	GST (5%)	\$
	Student Bursary donation*	\$
	TOTAL	\$

* Make a minimum of \$25 donation to the Student Bursary and receive recognition at conference.

Booth Choice: 1st: _____ 2nd: _____ 3rd: _____ 4th: _____ 5th: _____

Method of Payment

(GST Registration Number 100759877)

Cheque (payable to CAOT) VISA MasterCard

Credit card # _____ / _____ / _____ / _____ Expiry date ____ / ____

Cardholder's name _____

Cardholder's signature _____

Canadian Association of Occupational Therapists
34 Colonnade Rd, Unit 100
Ottawa ON K2E 7J6

E-mail: conference@caot.ca
Tel. (800) 434-2268 ext 232
Fax (613) 523-2552

