



## SPONSOR/EXHIBITOR FORM

**NAME OF ACTIVITY:** The 5<sup>th</sup> Annual Canadian Winter Cardiac Team Meeting & Resident/Fellow Abstract Competition – February 12-14<sup>th</sup> 2010

**DATE OF ACTIVITY:** February 12 -14<sup>th</sup> 2010

**LOCATION:** Fairmont Tremblant, Mont Tremblant Quebec

## EXHIBITOR INFORMATION

**NAME OF COMPANY:**

*(as it should be written in final program)*

**REPRESENTATIVE(S) ATTENDING:**

Please include Title, Full Name, and any credential you wish to include i.e. PhD, BSc...

1.

**Email:**

2.

**Email:**

3.

**Email:**

**STREET ADDRESS:**

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Exhibitor ( \$ 2,500) – Includes 1 registration

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Please complete this form and send by email at [Marigo.Portokalis@lhsc.on.ca](mailto:Marigo.Portokalis@lhsc.on.ca) or by fax (519) 663-3260

**Meeting Coordination:**

