

**ITAC Health Queen's Park Digital
Health Day Reception 2017
May 09, 2017**

Co – Sponsor Registration Form

Contact Name: _____

Company Name: _____

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Facsimile: _____

Email: _____ Website URL: _____

Co-Sponsorship Benefits

1. Your Company's name will be listed as a Co-Sponsor on:
 - The ITAC Health Queen's Park Digital Health Day Reception website
 - Onsite and all other promotional and marketing material
2. One reception registration for a company representative to attend

Name of representative for complimentary registration

First Name _____ Last Name _____

Title _____ e-mail: _____

Address of representative if different from above:

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Upon Receipt of your application you will be invoiced by ITAC for the full amount of the Co -Sponsor Fee – \$ 950.00.

Signature Date Title

Please complete this form and e-mail it back to Elaine Huesing at
E-mail: ehuesing@itac.ca.