

Sponsor Registration and Payment



CANASA

Canadian Security Association
Association canadienne de la sécurité

Golden Horseshoe Regional Council Breakfast Meeting
Wednesday, February 22, 2017
Holiday Inn Burlington Hotel & Conference Centre
3063 South Service Road
Burlington, Ontario L7N 3E9
7:30 a.m.-10:30 a.m.

SPONSORSHIP REGISTRATION AND PAYMENT

To participate as a sponsor, please complete this Sponsorship form. Please submit sponsorship requests by **February 15, 2017**.

GOLD SPONSOR

Event Sponsor

Members: \$500 (plus tax)

Non-members: \$600 (plus tax)

Limited to three sponsors

Benefits:

- Sponsors will be introduced at the beginning of the meeting and throughout the presentation
- Sponsors will be provided with a table top to display products and services
- Sponsors will have the opportunity to network with members and industry leaders
- Sponsors will also have the opportunity to feature their company's new and unique product or service with a five minute presentation
- Sponsor's company logo will be posted on the web and featured in all event communication pieces as the event sponsor

SILVER SPONSOR

Display Sponsor

Members: \$300 (plus tax)

Non-members: \$400 (plus tax)

Limited to three sponsors

Benefits:

- Sponsors will be introduced at the beginning of the meeting and throughout the presentation
- Sponsors will be provided with a table top to display products and services
- Sponsors will have the opportunity to network with members and industry
- Sponsor's company logo will be posted on the web and featured in all event communication pieces as the event sponsor

Please complete the following form and email to Zenaida Lombardi by clicking on the "Submit" button at the bottom of the form or fax to (905) 513-0624.

Name: _____ I will be working at the booth

Company name: _____

Address: _____

City: _____ Province: _____

Postal code: _____ Tel: _____

Fax: _____ Email: _____

Cheque (payable to "CANASA") mail to: _____ Visa MasterCard American Express
50 Acadia Avenue, Suite 201, Markham ON L3R 0B3

Card number: _____ Expiry date: _____

Cardholder name (please print): _____

Signature: _____

For more information:

Zenaida Lombardi
Meeting & Event Planner
Tel: 1 (800) 538-9919 ext. 239
Fax: (905) 513-0624
Email: zlombardi@canasa.org

By submitting this form electronically, you are authorizing the Canadian Security Association to charge your credit card for the amount indicated above.