

# Sponsor Registration and Payment



**CANASA**

Canadian Security Association  
Association canadienne de la sécurité

**Golden Horseshoe Regional Council Breakfast Meeting**  
**Thursday, January 31, 2019**  
**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 **January 25, 2019.**

**GOLD SPONSOR**

**Event Sponsor**

**Members:** \$500 (plus tax)

**Non-members:** \$600 (plus tax)

Limited to one sponsor

**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 one sponsor

**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 Rishad Alam 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:  
50 Acadia Avenue, Suite 201, Markham ON L3R 0B3

Visa  MasterCard  American Express

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Cardholder name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

**For more information:**

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

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