



**SPONSORSHIP AGREEMENT
MAY 7-9, 2025 – DELTA PRINCE EDWARD HOTEL – CHARLOTTETOWN, PEI**

COMPANY NAME : _____
COMPANY NAME FOR DISPLAY (IF DIFFERENT FROM ABOVE): _____
ADDRESS: _____
CITY: _____ PROVINCE: _____ POSTAL CODE: _____
COUNTRY (IF OTHER THAN CANADA) _____
SIGNING OFFICER: _____ SIGNATURE: _____
CONTACT NAME (FOR ALL CORRESPONDENCE): _____
CONTACT PERSONS PHONE:(____) _____
ALTERNATE PHONE:(____) _____ FAX:(____) _____
CONTACT EMAIL: _____
COMPANY WEBSITE ADDRESS : _____

SPONSORSHIP LEVEL

- DIAMOND - \$15,000
- PLATINUM - \$10,000
- GOLD - \$7,500
- SILVER - \$6,000

EXTRA SPONSORSHIPS

- Coffee Breaks (Thursday) (\$1500)
- Coffee Breaks (Friday) (\$1500)
- Coffee Breaks (Saturday) (\$1500)
- WIFI Sponsor (\$2500)
- Reception (\$2500)
- Coat Check (\$2500)

NAME OF PERSON(S) WORKING THE BOOTH (FOR BADGES):

RETURN COMPLETED FORM TO ADMIN@CASEM-ACMSE.ORG

CHEQUE # _____ (PAYABLE TO CANADIAN ACADEMY OF SPORT AND EXERCISE MEDICINE) VISA _____ M/C _____

CREDIT CARD NO: _____ CVC: _____ EXP. DATE: MONTH _____ YEAR _____

TOTAL AMOUNT \$ _____

NAME ON CARD: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

**CANADIAN ACADEMY OF SPORT AND EXERCISE MEDICINE
2451 RIVERSIDE DRIVE OTTAWA, ON K1H 7X7 T:613-748-5851 EXT2
WWW.CASEM-ACMSE.ORG**

It is understood that all Exhibitors agree to and will comply with regulations and procedures set forth in the Exhibitor Prospectus. It is also understood that this contract for space at the CASEM Annual Meeting does not impose upon the Canadian Academy of Sport & Exercise Medicine (CASEM) and the Delta Prince Edward Hotel any liability which might be incurred by representatives of the undersigned company as a result of exhibiting at this meeting. The Exhibitor acknowledges that neither CASEM, nor the Delta Prince Edward Hotel and its exhibit management company carries insurance covering the Exhibitor's property, and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the Exhibitor. The Exhibitor is also responsible for the appearance and cleanliness of their booth at all times. CASEM and Delta Prince Edward Hotel reserve the right to arrange for cleaning at move-out, if required, and invoice the appropriate Exhibitor accordingly. **No cancellation of this agreement will be accepted, nor refund provided after February 28, 2025.** Cancellations prior to that date will be subject to a 20% refund charge. Spaces abandoned or not occupied at the time of opening of the exhibits may be reassigned by the CASEM management for other exhibit uses.

RETURN COMPLETED FORM TO ADMIN@CASEM-ACMSE.ORG

EXHIBITOR AGREEMENT

MAY 7-9, 2025—DELTA PRINCE EDWARD HOTEL—CHARLOTTETOWN, PEI

Please print legibly your company name and contact information as you wish it to appear.

COMPANY NAME : _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

COUNTRY (IF OTHER THAN CANADA) _____

SIGNING OFFICER: _____ SIGNATURE: _____

CONTACT NAME (FOR ALL CORRESPONDENCE): _____

CONTACT PERSONS PHONE:(____) _____

ALTERNATE PHONE:(____) _____ FAX:(____) _____

CONTACT EMAIL: _____

COMPANY WEBSITE ADDRESS : _____

NAME OF PERSON(S) WORKING THE BOOTH (FOR BADGES):

EXHIBIT BOOTH PAYMENT

EARLY BIRD SIGN UP BY JANUARY 31, 2025

- SINGLE BOOTH..... \$3,000 CDN (+ GST)
- DOUBLE BOOTH..... \$5,250 CDN (+ GST)

REGULAR: RETURN APPLICATION BY MARCH 31 2025

- SINGLE BOOTH..... \$3,250 CDN (+ GST)
- DOUBLE BOOTHS..... \$5,500 CDN (+ GST)

IN THE NICK OF TIME: RETURN APPLICATION AFTER MARCH 31, 2025

- SINGLE BOOTH..... \$3,750 CDN (+ GST)
- DOUBLE BOOTHS..... \$6,000 CDN (+ GST)

CHEQUE # _____ (PAYABLE TO CANADIAN ACADEMY OF SPORT AND EXERCISE MEDICINE) VISA _____ M/C _____

CREDIT CARD NO: _____ CVC: _____ EXPDATE: MONTH _____ YEAR _____

TOTAL AMOUNT + 5% GST _____

NAME ON CARD: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

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