



The Many Facets of Practical Information Protection
October 29, 2009
The Sutton Place Hotel, Toronto, Ontario



EXHIBIT & SPONSORSHIP OPPORTUNITIES

COMPANY: _____

CONTACT: _____ TITLE: _____

ADDRESS: _____

CITY: _____ PROV/ST: _____ MAIL CODE: _____

COUNTRY: _____

PHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

EXHIBIT SPACE REQUESTED:

Note: Exhibits will only be displayed on Thursday, October 29th. NAID-Canada Meetings are on Friday, October 30th. Spaces will be assigned based on contract & payment receipt date and time.

TABLE TOP Exhibit Space: 6' table @ CAD \$800

FULL Display @ CAD \$1100

Dimensions of Display: Height _____ Width _____ Depth _____ (subject to NAID approval)

Additional needs Requested (availability may be limited): _____

Electrical for: _____ A/V Equip. Rental (please identify): _____

EXHIBITING PERSONNEL:

Primary Representative Registration (complimentary two-day): _____

Additional Personnel Registration @ CAD \$186 each: _____

Total Exhibiting \$ _____

SPONSORSHIP OPPORTUNITIES:

All sponsors' logos &/or company names will be shown on the NAID website and listed in the on-site seminar materials; companies will also be acknowledged at the event.

- | | |
|---|-----------|
| Registration Packet | CAD \$800 |
| Keynote Address by Ann Cavoukian | CAD \$500 |
| Continental Breakfast | CAD \$300 |
| Refreshment Break in Morning or Afternoon | CAD \$300 |
| Reception Sponsor (please indicate title of session below) - company logo on Session sign | CAD \$400 |

SPONSORSHIP DESIRED: _____ Total Sponsorship \$ _____

All Exhibiting and Sponsorships must be received by **October 15, 2009**.

Sponsor or Exhibitor cancellations must be received by October 10, 2008 to receive a 75% refund.

For Questions or to Check Availability, Call Dustin McKissen at 602-788-6243 x 202

Payment is by:

Enclosed Cheque (Payable to "NAID-Canada") Check No.: _____ Total Payment CAD\$ _____

AmEx MasterCard Visa Card # _____ - _____ - _____ Expires (mo/yr): ____ / ____

Name on Card: _____ Signature: _____

FAX to: (602) 788-4144 OR Email to: conferences@naidonline.org

FOR NAID USE ONLY	Rec'd Date: _____	Assigned Space: _____	Registered: _____
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