

## EXHIBITOR APPLICATION & CONTRACT

### 24<sup>th</sup> OAGS ANNUAL MEETING 2018

Hilton Toronto Hotel, 145 Richmond St. West, Toronto, ON  
 Saturday, November 3, 2018, 7:30 a.m. – 4 p.m.

*(Please print /type)*

**Exhibitor Information:**

\_\_\_\_\_  
 Company

\_\_\_\_\_  
 Telephone Website

**Main Product/Service Being Promoted**

**Main Administrative/Conventions Contact Person:**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Telephone Email

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City Province Postal Code

**Name(s) of Exhibitor(s):**

\_\_\_\_\_  
 \_\_\_\_\_

**Preferred LEVEL of Participation/Sponsorship** (see info attached)

- PLATINUM Event Sponsor (\$10,000) - up to 4 reps/day max
- GOLD Event Sponsor (\$5,000) - up to 3 reps/day max
- SILVER Event Sponsor (\$2,500) - up to 2 reps/day max
- CME Education Grant \$\_\_\_\_\_ (non-exhibit, but logo recognition)

*(NOTE: As a non-profit organization, the OAGS does not charge HST. These are flat fees.)*

**Preferred locations:** \* *(OAGS will attempt to accommodate Platinum, Gold and Silver in that order of priority and on first come/first serve basis.)*

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

*\*(Note: See floor plan and prospectus attached. While choices will be attempted to be accommodated, the OAGS reserves the right and has sole discretion in the assignment of booths.)*

**If you are a Platinum or Gold sponsor, will someone from your group be staying for the evening banquet?**  YES  NO

**Names:** \_\_\_\_\_

**Will you require storage on the day prior?**  YES  NO

**Will you require internet access?**  YES  NO

*(NOTE: The OAGS does not offer internet access as part of this package. The Exhibitor will have to arrange this separately with the hotel AV department directly - PSAV.)*

**Do you require electrical access?**  YES  NO

**If yes, how many amps?**  7.5amps  15amps  >15amps\*

*\*Anything exceeding 15amps may require additional billing.*

**What type of equipment will you be bringing?**

\_\_\_\_\_  
*(i.e. lights, laptop, scope monitors, vacuum, etc.)*

**Location - To which exhibitors do you NOT want to be in proximity:**

\_\_\_\_\_

**Description of Company/Product:**

*(Required: Company logo in original vector - .eps, .ai or .pdf formats only.)*

\_\_\_\_\_  
 \_\_\_\_\_

**BOOTH DETAILS:** *(Platinum, Gold, Silver)*

The average booth space is approximately 40 sq. feet with a 6 ft. skirted table and 2 chairs with reasonable access to power upon request.\* There is a max limit of 2 reps per day (unless otherwise outlined according to level). Reps can partake in food/refreshments during the meeting. Exhibitor packages distributed on that day will include: attendance sheet, program, name tags. **Note:** Table-tops and small freestanding banner displays only for Silver/lower levels. No floor-to-ceiling booths permitted unless Gold/Platinum sponsor or equivalent. Window of delivery/storage/pickup is Fri. 2pm and Sat.6pm. OAGS will announce final booth assignment closer to event.

*\* See the Prospectus and Terms & Conditions for more details.*

**CONTRACT & PAYMENT:**

Contracts should be submitted in advance for consideration. Space is limited, so booth preferences will be assigned in the order contracts are received. **Payment in full is required 60 days prior (Sept.3, 2018) at the latest**, otherwise the OAGS has the right to cancel your contract and reassign your space. Cheques can be made payable to the "OAGS".

**CONFIRMATION OF SPACE:**

**Please remit this signed contract as soon as possible via email/fax to hold spot.** Original contract with payment should be mailed to the address stated above before September, pending availability. **Exhibitors should have comprehensive general liability insurance.** For more information, refer to Terms & Conditions or call Lori Quilty at 705-745-5621 / toll free 1-877-717-7765. Email: [info@oags.org](mailto:info@oags.org)

Required: I have read the entire contract package and agree to the Terms & Conditions:

\_\_\_\_\_  
 \*Exhibiting Company Authority Name/Title (print)

\_\_\_\_\_  
 \*Company Authority Signature (REQUIRED) \*Date

\_\_\_\_\_  
 OAGS Contact Name (print)

\_\_\_\_\_  
 OAGS Exhibition Coordinator Signature Date