



Exhibitor Registration Form

Organization	
First Name	
Last Name	
Title	
Mailing Address	
Postal Code	
Phone Number	
Email Address	
Signature Required	Disclaimer notice, this event will be photographed, recorded and be published. By registering and entering the venue, you are volunteering to be part of the production. Date: _____ Signature: _____

Please Check :

Exhibitor Registration Fee \$1,000
Includes 8 X 8 booth space, meals and refreshments, conference access, 1 ticket to the dinner reception, company logo on event website and program.

Location:

DoubleTree by Hilton West Edmonton
16615 - 109 Ave, Edmonton AB T5P 4K8
Phone: 780.484.0821
FAX: 780.486.1634
Use the code IEP to reserve your accommodations at the conference rate.



Conference Information and Questions:

Gina Potts, Event Coordinator
Email: gina.potts.a3@gmail.com
Direct: 587.594.7321

Total Fees and Tickets:

Exhibitor Registration Fee \$1,000: _____
Dinner Reception Ticket \$125 X ____: _____
Dinner Reception Sponsor \$1,250 (8 Guests): _____
GST at 5%: _____
Total: _____

Make Payments Payable to:

Oteenow Employment & Training Society
13227 – 146 Street, Edmonton Alberta T5L 4S8
Phone: 780.444.0911
Fax: 780.444.3477

Event Partners and Sponsors:

