**EXHIBITOR REGISTRATION FORM**

Company Name

Contact Person (s)

Address

Phone Number

Email

Name of Exhibitor(s)

Options:

Please check off the option you would like.

|  |  |  |
| --- | --- | --- |
|  | | **Price** |
|  | Champion of Health Active Play | **$10,000** |
|  | Leader of Healthy Active Play | **$ 5,000** |
|  | Promoter of Healthy Active Play--Platinum | **$ 1,500** |
|  | Promoter of Healthy Active Play--Gold | **$ 500** |
|  | Promoter of Healthy Active Play--Silver | **$ 150** |
|  | Promoter of Healthy Active Play--Bronze | **$ 100** |

Cheque: Please mail to (make cheques payable to CIRA Ontario):

CIRA Ontario, 790 Shaver Road, Ancaster, Ontario, L9G 3K9

By Credit Card:

Visa  MasterCard

Card Number       Expiry Date

Cardholder’s Name ­­­­­­­­­­­­­

Cardholder’s Billing Address

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Email: ciraontario@gmail.com