



Canadian Association for Population Therapeutics Annual Conference
Knowledge to Provide Evidence for Health Care Decision-Makers: Clinical
Practice and Research Methodology
April 17th – 19th, 2011
The Westin Hotel, Ottawa, Ontario

1. Organization Information

Contact Name: _____ Title: _____

Name of organization: _____
(please list name as it should appear in printed materials. Do not use capital letters unless your official name is in capital letters)

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Contact for future correspondence and confirmation of logistics if different than above:

Name: _____

Telephone: _____ Fax: _____ Email: _____

2. Level of Support:

Platinum: \$10,000+

Gold: \$5,000 to \$9,999

Silver: \$2,000 to 4,999

Bronze: \$1,000 to \$1,999

All partnerships include company logo in the conference program and on conference signage.

3. Authorization

I am the authorized representative of the named organization with full power and authority to sign and deliver this application. The organization agrees to comply with all policies and guidelines contained in the information provided regarding partnership and satellite symposia.

Signature of Authorized Officer

Date

Method of Payment:

Cheque

Please make cheque payable to **Canadian Association for Population Therapeutics**.

Invoice

Please invoice my organization as follows:

Please return your completed form to:

Ms. Kris Schindel
Canadian Association for Population Therapeutics
c/o Institute of Health Economics
#1200, 10405 Jasper Avenue
Edmonton, AB T5J 3N4

Telephone: 780-448-4881
Fax: 780-448-0018
Email: kschindel@ihe.ca

Additional Information:

For conference signage purposes, all partners must provide their company logo in printer ready (.eps) electronic format by e-mail to kschindel@ihe.ca.