



**Association of Medical Microbiology
and Infectious Disease Canada**



**Canadian Association for Clinical
Microbiology and Infectious Diseases**

Edmonton 2010

Where Canada's experts in clinical microbiology and infectious diseases meet

**Annual Conference
AMMI Canada – CACMID**

May 6 – 8 2010
Shaw Conference Centre

Exhibitor Prospectus



Edmonton 2010



AMMI Canada – CACMID Annual Conference
May 6 – 8

Exhibitor Benefits

Company Recognition

Includes a write-up (25 words) with logo in the Exhibitor Directory.

Scheduled Breaks/Meals in Exhibit Hall

In order to maximize your opportunity to network with conference delegates, morning refreshment breaks and lunches on May 6 and 7 will be served in the Exhibit Hall. Each exhibiting company is entitled to access meal functions served in the Exhibit Hall, to a maximum of two (2) people per booth, plus any additional registered booth representatives.

Booth Materials

All exhibitors and sponsors will be provided with a standard booth as follows:

- 10' x 10' booth space
- 8' high back drape and 3' high side drape (both sides)
- 1 - 6' (long) skirted, draped table
- 2 chairs
- 1 wastebasket
- 1 electrical outlet – 120 volt, 800 watt
- carpeting in booth space

Note: booth vacuuming and garbage removal is the responsibility of each exhibitor.

Meet and Greet Reception

Exhibitors are invited to attend the reception on Thursday, **May 6** from **5:00 p.m. to 7:00 p.m.** in the Exhibit Hall – Hall C of the Shaw Conference Centre.

Conference and Exhibit General Information

Conference Dates: Thursday, May 6 to Saturday, May 8, 2010

Exhibit Dates: Thursday, May 6 and Friday, May 7, 2010

Conference Hotels

The Westin Edmonton
10135 100th Street
Edmonton, Alberta T5J 0N7 Canada
Tel: 780-426-3636 Fax: 780-493-8968
www.thewestinedmonton.com

Courtyard by Marriott Edmonton Downtown
One Thornton Court NW, 99 Street and Jasper Avenue
Edmonton, Alberta T5J 2E7 Canada
Tel: 780-423-9999 / 866-441-7591 Fax: 780-423-9998
www.courtyardedmontondowntown.com

Exhibit Location

Shaw Conference Centre
Exhibit Hall C
9797 Jasper Avenue NW
Edmonton, Alberta T5J 1N9 Canada Tel: 780-421-9797 www.shawconferencecentre.com

Exhibit Dates/Hours

The exhibit hours, set-up, and teardown dates and times are as follows:

Set-Up	Wednesday, May 5	1400 - 1900
Exhibits Open	Thursday, May 6	1030 - 1400
	Friday, May 7	1030 - 1400
Tear Down	Friday, May 7	1400 - 1700

For additional information please contact:

Unconventional Planning, 100 – 32 Colonnade Road Ottawa, ON K2E 7J5 Canada
Tel: (613) 721-7061 / (888) 625-8455, Fax: (613) 721-3581, E-mail: Dianne@unconventionalplanning.com





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Exhibitor Reply Form

Please fax completed form to: (613) 721-3581

CONTACT INFORMATION	
Company Name:	
Contact Name:	Title:
Mailing Address:	
City:	Province:
Country:	Postal Code:
E-mail:	
Phone:	Fax:
Authorized by (signature):	
PAYMENT	
___ 10' x 10' Booth(s) x \$2,500 Cdn per booth (includes 2 representatives per booth)	\$ _____
___ Extra representatives/guests @ \$80 Cdn each	\$ _____
AMMI Canada - CACMID Sustaining Member Discount ___ Booth(s) x \$250 Cdn	\$ (_____)
SUB TOTAL	\$ _____
Plus 5% GST (GST No. 123956120 RT0001)	\$ _____
TOTAL	\$ _____
<p>Payment by Cheque or Money Order</p> <p>Please make cheque or money order payable to: AMMI Canada – CACMID 2010 Annual Conference</p> <p> Mailing address: c/o Unconventional Planning 100 – 32 Colonnade Road Ottawa, ON K2E 7J5 Canada</p> <p> You may send your reply by fax to (613) 721-3581, however, your participation will not be confirmed until payment is received.</p> <p><input type="checkbox"/> <u>Cheque or money order to follow by mail</u></p>	<p>Payment by Credit Card</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p>Card Number: _____</p> <p>Name on Card (please print): _____</p> <p>Expiry Date: ____/____ Amount: _____</p> <p>Signature: _____</p>

*Acknowledgement will follow upon receipt of your Reply Form.
Participation is only confirmed upon receipt of payment.*



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Conférence annuelle AMMI Canada – CACMID
6 – 8 mai

Formulaire de réplique des exposants

Veuillez télécopier le formulaire dûment rempli au : (613) 721-3581

INFORMATION DE CONTACT	
Organisme :	
Personne contacte :	Titre :
Adresse postale :	
Ville :	Province :
Pays :	Code postal :
Courriel :	
Téléphone :	Télécopieur :
Autorisé par (signature) :	
MODE DE PAIEMENT	
_____ Stand(s) 10' x 10' x 2500 \$ Cdn par stand (2 représentants par stand)	\$ _____
___ Représentants/invités supplémentaires à 80 \$ Cdn chacun	\$ _____
Rabais pour les membres de bienfaiteurs de l'AMMI Canada – CACMID _____ Stand(s) @ 250 \$ CDN par stand	\$ (_____)
TOTAL PARTIEL	\$ _____
Plus TPS 5% (TPS N° 123956120 RT0001)	\$ _____
TOTAL	\$ _____
<p><i>Paiement par chèque ou mandat-poste</i></p> <p>Chèque ou mandat-poste fait à l'ordre de : AMMI Canada – CACMID Conférence annuelle 2010</p> <p> Address postale: a/s Unconventional Planning 100 – 32 chemin Colonnade Ottawa, ON K2E 7J5 Canada</p> <p> Veuillez retourner le formulaire par télécopieur au (613) 721-3581. Votre réservation sera confirmée après la réception de votre paiement.</p> <p><input type="checkbox"/> <u>Chèque ou mandat-poste à suivre par courrier</u></p>	<p><i>Paiement par carte de crédit</i></p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p>Carte de crédit n° : _____</p> <p>Nom sur la carte (lettres moulées) : _____</p> <p>Date d'expiration : ____/____ Total : _____</p> <p>Signature : _____</p>

Une reconnaissance suivra en réponse de votre formulaire.
Votre participation sera confirmée après la réception de votre paiement.

Pour de plus amples renseignements :

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