



# VIRTUAL PROFESSIONAL DEVELOPMENT CONFERENCE

**2021  
JUNE  
08-11**

Please use pen when completing this form

email to: [twhite@associationsfirst.com](mailto:twhite@associationsfirst.com)

Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

## SPONSORSHIP opportunities

- Platinum Sponsor** **\$5,000**
- Gold Sponsor** **\$2,500**
- Silver Sponsor** **\$1,000**
- Bronze Sponsor** **\$500**

## ADDITIONAL SPONSORSHIP opportunities

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Keynote Sponsor</b> <span style="float: right;"><b>\$2,500</b></span><br/>(choose one)           <ul style="list-style-type: none"> <li><input type="checkbox"/> Opening Keynote: Jen Gunter</li> <li><input type="checkbox"/> Thursday Keynote: Dr. Marcia Anderson</li> <li><input type="checkbox"/> Thursday Keynote: Jen Grant</li> <li><input type="checkbox"/> Closing Keynote: Dr. Niiggaan Sinclair</li> </ul> </li> <li><input type="checkbox"/> <b>Delegate Mailed Kit Premium</b> <span style="float: right;"><b>\$1,000</b></span><br/>(choose one)           <ul style="list-style-type: none"> <li><input type="checkbox"/> Notepad / post it notes</li> <li><input type="checkbox"/> Pen</li> <li><input type="checkbox"/> Hand Sanitizer</li> <li><input type="checkbox"/> Face Mask Case</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Continuing Education Session</b> <span style="float: right;"><b>\$500</b></span><br/>(sessions to be confirmed)</li> <li><input type="checkbox"/> <b>Vendor Updates</b> <span style="float: right;"><b>\$350</b></span><br/>(Lightning Talks)</li> <li><input type="checkbox"/> <b>Concurrent Session Sponsor</b> <span style="float: right;"><b>\$250</b></span><br/>(session titles to be confirmed)</li> <li><input type="checkbox"/> <b>Delegate Kit Promotional Insert</b> <span style="float: right;"><b>\$250</b></span></li> <li><input type="checkbox"/> <b>Email Blast</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> One <span style="float: right;"><b>\$250</b></span></li> <li><input type="checkbox"/> Two <span style="float: right;"><b>\$400</b></span></li> </ul> </li> <li><input type="checkbox"/> <b>Advertising In Conference Program</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1/4 page ad <span style="float: right;"><b>\$200</b></span></li> <li><input type="checkbox"/> 1/2 page ad <span style="float: right;"><b>\$300</b></span></li> <li><input type="checkbox"/> Full page ad <span style="float: right;"><b>\$500</b></span></li> </ul> </li> </ul> |
|---|--|



**A** **Total Sponsorship Program \$**

Sponsorship Form

Please send completed form to Tammy White, email: [twhite@associationsfirst.com](mailto:twhite@associationsfirst.com), for processing.



# Canadian Health Libraries Association Association des bibliothèques de la santé du Canada

## EXHIBIT programs

- We acknowledge that CHLA is not responsible for our signage, virtual needs or connectivity requirements.
- Virtual Booth     \$750**

**B** Total Exhibit Program \$

Total Amount Due **A** + **B** + 5% GST \$

## PAYMENT details

I, the undersigned, agree to purchase the above listed space and/or sponsorship program(s). I understand that all sponsor programs and exhibit space is on a first-come, first-served basis, with advance notice on exhibit space and sponsorship programs having been provided to Sponsors and Exhibitors. CHLA reserves the right to refuse any sponsorship or request for exhibit space. Confirmation of participation will be provided upon receipt of payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment enclosed (select one)     **Visa**     **Mastercard**

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CSV # \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please invoice (note that booth location cannot be assigned until payment has been received)

### CHLA Sponsor/Exhibitor Cancellation Policy

A written notice of cancellation on company letterhead must be forwarded to:



**Canadian Health  
Libraries Association**

468 Queen Street East, Suite LL-02  
Toronto, ON M5A 1T7  
email: twhite@associationsfirst.com

It is agreed by the Exhibitor that any request for cancellation must be received in writing. Cancellations received before May 15, 2021 will be refunded 50% of the booth fee. No refund will be provided for cancellations received after May 15, 2021. Transfer of booth fees to the sponsorship program would result in no cancellation fee.

Exhibitors MAY NOT ASSIGN, SUBLET OR APPORTION THE WHOLE OR ANY PART OF THE SPACE ALLOCATED, nor exhibit therein any other goods than those manufactured or sold in the regular course of business by the Exhibitor.