



WORLD CONGRESS OF PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION

PALAIS DES CONGRÈS  MONTRÉAL • CANADA
OCTOBER 5-8, 2016

WCPGHAN 2016 SPONSORSHIP & EXHIBIT APPLICATION FORM

COMPANY NAME: _____
Contact Person: _____
Address: _____
Telephone: _____ Fax: _____
Email: _____

SUPPORT ACTIVITIES REQUEST

Activity: _____ Grant Amount: \$ _____
Activity: _____ Grant Amount: \$ _____
Activity: _____ Grant Amount: \$ _____
TOTAL: \$ _____

EXHIBIT BOOTH REQUEST (does not include applicable taxes)

Total number of booth(s) requested: _____ Total cost of booth(s) requested \$ _____

We wish to avoid having our exhibit located adjacent to or opposite from the following companies:

Principal products to be displayed:

(Payment must be received in full by September 22, 2016)

Please sign and return to: WCPGHAN 2016 Secretariat

Michael P. Barber

Sponsorship & Exhibit Sales

c/o Conferences, Groups & Incentives Inc.

100-2359 Duvernay Street, Montreal, QC Canada H3J 2X1 | Telephone: +1 514-846-9191 | Email: mike@cgi-pco.com

Date: _____ Signature: _____

PAYMENT INFORMATION (applicable taxes will be charged for Canadian exhibitors)

MasterCard American Express Visa Check Enclosed (**Made payable to CG&I**)

Credit Card #: _____ Verification Code: _____ Expiration Date: _____

Name on Card: _____ Total Amount: \$ _____

RETURN APPLICATION VIA

1. Email wcpghan2016@cgi-pco.com
2. Fax (+1 514 846 9393)
3. Conferences, Groups & Incentives Inc.
100 - 2359 Duvernay Street, Montréal, Québec H3J 2X1

For WCPGHAN 2016 use only

DATE RECEIVED: _____

BY: _____