

SPONSORSHIP COMMITMENT CONTRACT			
COMPANY INFORMATION			
Company:			
Company Representative:			
Address:			
	<i>Street Address</i>		<i>Unit #</i>
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Office Phone:	()	Cell Phone:	()
Fax Number:	()		
Website URL:	http://www.		
Twitter:			
SPONSORSHIP INFORMATION			DELIVERABLES
Event	Fee		Sponsor commits to provide CTA with the following: <ul style="list-style-type: none"> • Brand Logo in high resolution in JPEG and EPS format • Link to your Website • Contact person • Members representing your company (if applicable)
Breakfast August 22 nd	SOLD OUT	<input type="checkbox"/>	
Lunch August 22 nd	SOLD OUT	<input type="checkbox"/>	
Reception August 22 nd	\$4,000	<input type="checkbox"/>	
Trade Show Display Space			
Booth display Size 10' x 10' Member	\$500	<input type="checkbox"/>	
Booth display Size 10' x 10' Non-Member	\$750	<input type="checkbox"/>	
Booth display Size 20' x 20' Member	SOLD OUT	<input type="checkbox"/>	
Booth display Size 20' x 20' Non-Member	SOLD OUT	<input type="checkbox"/>	
			BENEFITS
			<ul style="list-style-type: none"> • Mention in the program that is provided to all the members upon registration on August 22nd • Mention during your sponsored event. • Enhanced Sponsor Name and/or Logo Recognition on CTA website with a Hyperlink to Your Company website • Appreciation during the President's opening speech on August 22nd • One 6' draped table, two chairs • As a Corporate Attendant, you are welcome to bring a team of 2 people
TOTAL:			
PAYMENT INFORMATION			
I certify that the information presented above is accurate and that our company's registration fees were calculated correctly. Our conference registration fee payment in amount of \$_____ is paid by cheque payable to Canadian Taxi Association.			
CANCELLATION & SUBSTITUTE POLICY: 100% refund will be issued less a \$40 processing fee per person for a cancellation or a documented medical emergency that is made in writing and received by the CTA by JULY 21, 2017 . No refunds will be made for cancellations other than a documented medical emergency received on or after July 21, 2017. Substitute attendee(s) from the same company are welcome.			
Print Name and Title:			Signature:

PLEASE FORWARD THIS FORM AND PAYMENT TO:
CANADIAN TAXI ASSOCIATION
455 Coventry Road, Ottawa, ON, K1K 2C5, Canada
Or submit electronically to: info@cantaxi.ca

DRIVING OUR INDUSTRY FORWARD.
www.cantaxi.ca