

2023 Physical and Health Education National Conference



Partner Registration Form

COMPANY NAME: _____

ADDRESS: _____
Street Address City Province Postal Code

WEBSITE: _____

CONTACT NAME: _____

PHONE NUMBER: _____ EMAIL: _____

NUMBER OF REPRESENTATIVES ATTENDING THE NATIONAL CONFERENCE: 1 or 2

NAME OF FIRST ATTENDEE: _____ (please print)

NAME OF SECOND ATTENDEE: _____ (please print)

Conference Partner Selection

Presenting Partner Signature Partner

Partner Activation*

- | | |
|---|---|
| <input type="checkbox"/> Opening Ceremonies | <input type="checkbox"/> Active Morning Session(s) |
| <input type="checkbox"/> Welcoming Ceremonies | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Welcome Reception | <input type="checkbox"/> Nutrition Break(s) |
| <input type="checkbox"/> Conference Lanyards | <input type="checkbox"/> Exhibitor Marketplace Social |
| <input type="checkbox"/> Delegate Bags | <input type="checkbox"/> Delegate Event |
| <input type="checkbox"/> Conference App | <input type="checkbox"/> Research Council Forum |
| <input type="checkbox"/> Workshop Session(s) | <input type="checkbox"/> Other _____ |

Additional Notes: _____

Exhibiting Partner

Profit Organization \$ 850 Not-for-profit Organization \$ 750

Billing Information

Invoice Cheque (payable to PHE Canada)

Credit Card: MasterCard Visa No. _____ Exp. ____ / ____ CVV # _____

Signature: _____

*By completing this form, you are agreeing to the [Terms and Conditions](#) as set for Partners of the 2023 Physical and Health Education National Conference.

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PEI CONVENTION
CENTRE
CHARLOTTETOWN, PEI



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MAY
2023

PHECANADA.CA/PHEPEI2023