



Hosted by / Organisé par :



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 1st ATTENDEE: _____ EMAIL: _____

NAME OF 2nd ATTENDEE: _____ EMAIL: _____

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 (Keynote) | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Conference Lanyards | <input type="checkbox"/> Nutrition Break(s) |
| <input type="checkbox"/> Delegate Bags | <input type="checkbox"/> PHEnomenal Marketplace Social |
| <input type="checkbox"/> Conference App | <input type="checkbox"/> National Dance-Off |
| <input type="checkbox"/> Workshop Session(s) | <input type="checkbox"/> Research Council Forum |
| <input type="checkbox"/> Thinker's Dinner | <input type="checkbox"/> RC Forum Student Social |
| <input type="checkbox"/> Awards Banquet | <input type="checkbox"/> Other _____ |

Additional Notes: _____

Exhibiting Partner

Profit Organization \$ 1,150 Not-for-profit Organization \$ 900

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 2025 Physical and Health Education National Conference.