



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*

Opening Ceremonies

Welcoming Ceremonies (Keynote)

Conference Lanyards

Delegate Bags

Conference App

Workshop Session(s)

Thinker's Dinner

Awards Banquet

Active Morning Session(s)

Lunch

Nutrition Break(s)

PHEnomenal Marketplace Social

National Dance-Off

Research Council Forum

RC Forum Student Social

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.