

## **Partner Registration Form**

COMPANY NAME:				
ADDRESS:				
Street Address		City	Province	Postal Code
WEBSITE:				
CONTACT NAME:				
PHONE NUMBER:				
NUMBER OF REPRESENT				
				(please print)
NAME OF SECOND A	ATTENDEE:			(please print)
	Conference	ce Partner S	<u>election</u>	
	Presenting Partner		Signatur	e Partner
	<u>Partı</u>	ner Activatio	on*	
Opening Ceremonies Welcoming Ceremonies 5 à 7 Welcome Reception Conference Lanyards Delegate Bags Conference App Workshop Session(s)  Additional Notes:			Active Morning Session(s) Lunch Nutrition Break(s) Exhibitor Marketplace Social Dance Spectacular Research Council Forum Other	
Check this box if you	zation \$ 750	in participatin	 ofit Organization ng in a Conferenc	ce Passport Activity. If sele
Billing Information Invoice Cheque	(payable to PHE Can	nada)		
Credit Card: MasterCard	] Visa□ No		Exp	/ CVV #
Signature:*By completing this form, you are Education National Conference.				e 2019 Physical and Health
	final approval on all Pa processed until your r			d.

A PHE Canada representative will be in contact once your registration has been approved.

2451 prom. Riverside Drive, Ottawa, ON, K1H 7X7 · <a href="mailto:info@phecanada.ca">info@phecanada.ca</a> · 613-523-1348