

Application and Contract for Exhibit Only Space 1

(If you are sponsoring at the Platinum/Gold/Silver/Bronze Level, please complete the exhibit application included in the Partnership Application Form)

CARO-COMP 2007 Annual Scientific Meeting
Image Guided and Adaptive Radiation Therapy
Sheraton Centre, Toronto, Ontario, Canada
October 9-13, 2007

Deadline for Submission: **August 31, 2007**

We hereby make application for exhibit space at the CARO/COMP annual meeting at the Sheraton Centre, Toronto. We agree to abide by the conditions of contract set out separately.

Please Print or Type

Company Name

Address

Telephone

Fax

Email

Contact Person and Title

Signature

If possible, please do not place our booth beside the following exhibitor(s):

Please let us know if you will bring your own booth: Yes No

Your Company's Representatives Please know that your booth must be staffed during normal exhibit hours (details in Exhibitor Prospectus).

Two representatives will receive complimentary conference registrations.

No free passes will be issued for the conference for additional exhibit staff.

Additional representatives may register at the published registration fee for non-members. Please provide your attendees' contact information below.

Names of Company Representatives	Email

Please mail/fax this application form to the address below. A confirmation will be returned to you following review of the application and assignment of space. Full payment must be included with the application. All applications should be received by **August 31, 2006**.

Mailing Address for Payment and Application

Susan Broadbear
 CARO-COMP 2007
 600 West 10th Avenue
 Vancouver, BC, V5Z 4E6
 T: 604 877 6193
 F: 604 877 0505

Remittance

\$3,000 preferred exhibit space

\$2,500 secondary exhibit space

\$2,000 tertiary exhibit space

\$ _____

Two Registrations included with exhibit space rental

N/C

Yes, we will contribute a prize for the Exhibit Passport Contest
 (please specify prize) _____

Additional Registrations x _____ at \$ _____

(check website for 2007 fees)

\$ _____

Dinner tickets x _____ at \$65 each

(Saturday, October 13th Annual Awards Dinner)

\$ _____

Total Amount Enclosed or To be Charged

\$ _____

Payment Method

Cheque (payable to CARO)

Credit Card

Charge to MasterCard VISA

Card Number _____

Expiry Date (m/y) _____

Name on Card _____

I hereby authorize Canadian Association of Radiation Oncology (CARO) to charge my credit card as described above for \$

Authorized Signature _____

Date _____

CARO OFFICE USE ONLY

CARO Acceptance of Contract

By _____

Title _____

Date _____

Booth Assignment # _____