

2027 Partnership Agreement

COMPANY NAME: _____

COMPANY CONTACT: _____

ADDRESS: _____

CITY: _____ PROV./STATE: _____ POSTAL/ZIP CODE: _____

EMAIL: _____ TELEPHONE: _____

AREA OF FOCUS/DISCIPLINE (I.E. HEMATOLOGY, TRANSFUSION, ETC.): _____

If you would like an electrical plug to your booth, please add \$200 per booth to the total

QTY	LEVEL AND/OR ITEM	PRICE	HST (5%)	TOTAL

TOTAL

If a booth is selected, please indicate your preferred booth choices below

Choice #1 _____ Choice #2 _____ Choice #3 _____ Choice #4 _____

CSMLS MAKES EVERY EFFORT TO ARRANGE THE EXHIBIT HALL TO FACILITATE FAIR BUSINESS INTERACTIONS. IF YOU PREFER EXHIBIT SPACE AWAY FROM COMPETITORS, PLEASE LIST THEM BELOW. REQUESTS ARE FIRST-COME, FIRST-SERVE - WE MAY NOT BE ABLE TO ACCOMMODATE ALL REQUESTS.

Payment Options: ☐ Send me an invoice ☐ VISA ☐ Mastercard ☐ American Express

Card # _____

Expiry: _____

All sponsorships must be paid in full 30 days in advance of conference; if an agreement is submitted within 30 days, a credit card number must be provided.

Booth Cancellation:

Upon signing this contract – a 10% administration fee will apply, exhibitor will receive 90% refund of any fees.

Between 120 and 90 days prior to LABCON – exhibitor will receive a 50% refund of any fees 90-60 days prior to LABCON – exhibitor will receive a 25% refund of any fees Less than 60 days – there will be no refunds given at this time.

Sponsorships are non-refundable once contract is signed. I have read and understood the Terms & Conditions.

Signed

Date

Book your sponsorship early to ensure inclusion in all LABCON2025 promotional materials.

Send completed Contracts to: Lori Tarbat (events@csmls.org)

Fax: 905.528.4968 Phone: 905.667.8696 or 1.800.263.8277 ext. 8696

Please send cheques to: CSMLS, 33 Wellington St. North, Hamilton, ON L8R 1M7