



**COMP 54th Annual Scientific Meeting
June 25 to June 28, 2008
Laval University, Quebec City, Quebec**

Exhibitor Registration Form

Company Name: _____

Representative: _____
(first) (last)

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

You may simply attach a business card with contact details.

Exhibitor Conference Registration Fee Schedule
All prices in Canadian dollars.

Please check the appropriate boxes:

Before March 31st

After March 31st

- | | | | |
|--------------------------|--|--------|--------|
| <input type="checkbox"/> | Corporate Non-Member
Exhibit booth and registration/social events for <i>one</i> representative) | \$1560 | \$1920 |
| <input type="checkbox"/> | Additional representative registration/social events
Name: _____ | \$660 | \$810 |
| <input type="checkbox"/> | COMP Corporate Member
Exhibit booth and registration/social events for <i>one</i> representative | \$900 | \$1140 |
| <input type="checkbox"/> | Additional representative registration/social events
Name: _____ | \$360 | \$540 |

Total Exhibit Cost = _____
Add GST (5%) = _____
Total Fee Payable = \$ _____

A COMP membership application form is available for interested companies or individuals. The corporate membership fee is \$750. Please contact nancy@medphys.ca for more information.

NOTE: Cancellations received after May 16th, 2008 will be subject to a 20 percent administrative fee. Pre-registration closes May 23, 2008. Registrations after this date are on site only.

*COMP accepts payment by cheque (in Canadian Dollars), money order, VISA or MasterCard. Please make cheque or money order payable to **COMP** and mail with this form to:*

COMP
P.O. Box 72024, Kanata North RPO
Kanata, ON K2K 2P4

If paying by credit card, please complete the following and fax the complete form to: 613-599-1949

Visa/MasterCard #: _____ Exp.Date ____ / ____

Card Holder's Name: _____

Signature: _____

For more information, please contact Nancy Barrett at nancy@medphys.ca or 613-599-1948.