



Exhibitor Form

Contact Information

Organization Name: _____

Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Primary Contact Name- First: _____ Last: _____

Email: _____ Phone: _____

Sponsor Level: Platinum Gold Silver Bronze

Or Exhibitor Only

On-Site Contact Information

Contact Person On-Site: _____

Contact Phone Number On-Site: _____

Email Address: _____

Set-up and Tear-down Information:

- Exhibit set up will take place Wednesday, October 2 at 12pm-1pm. Exhibits are asked to be open from 1pm-6pm. (ALT Hotel Newfoundland)
- Thursday, October 3 exhibits are open 8am-5pm.
- Friday, October 4 exhibits are open 8am-12pm booth. Tear-down is at 12pm.
- You will be provided with a skirted table and two chairs.
- Please specify if you require additional materials for your exhibit:
 - Electricity
 - Other (specify): _____

Signature: _____

(please return form to executivedirector@atlanticplanners.org)

Cheques should be made payable to: Atlantic Planners Institute
53 Grafton Street, Suite 200
Charlottetown PE C1A 1K8

Thank you!