



COMPANY INFORMATION

Contact Name: Title:

Sponsor Name (if applicable):

Mailing Address:

City: Province/State: **Select Pro** Postal/Zip Code:

Telephone: E-mail:

Preferred Communications Firm (if applicable):

Contact Name: Title:

Mailing Address:

City: Province/State: **Select Pro** Postal/Zip Code:

Telephone: E-mail:

PREFERRED TIME SLOTS

Please provide three choices.

Choices	Date	Time
1 st	Select Choice 1	
2 nd	Select Choice 2	
3 rd	Select Choice 3	

SYMPOSIUM OPPORTUNITY FEES

Fee: \$40,000 + \$3,990 QST + \$2,000 GST = \$45,990

Please remit your full payment to:
Canadian Cardiovascular Society
 Re: 2019 Symposium
 222 Queen Street
 Suite 1100
 Ottawa, ON K1P 5V9

AUTHORIZATION

I am the authorized representative of the presenting organization with full power and authority to sign and deliver this Symposium Request Form. The company agrees to comply with Royal College National Standard of Support for Accredited CPD Activities.

Signature of Authorized Officer:

Date:

FOR OFFICE USE ONLY

Date:	Time:
Amount:	
Payment Date:	
Applicable Tax Period:	
Confirmation Sent:	
Accepted By:	Date:

PLEASE NOTE:

- QST#:1006176743TQ001, GST#:106844186RT0001
- This request form will not be processed until the full payment of the fee has been received. Including applicable taxes.
- Fees are payable to **Canadian Cardiovascular Society**.
- Fees are non-refundable once a Scientific Program Chair and CCS Representative have been assigned to the Symposium.