



Working with Damage Prevention Data

Sponsorship Registration

Please Print

Company Name: _____

Contact Name: _____

Email: _____

Phone Number: _____

Company Address: _____

City/Province/Postal Code: _____

Please select your Sponsorship package

- | | | |
|--|--|--|
| <input type="checkbox"/> Symposium | \$2500 | 4 Available |
| <input checked="" type="checkbox"/> Welcome Reception | \$2000 | SOLD |
| <input type="checkbox"/> Awards Gala | \$2000 | 1 Available |
| <input checked="" type="checkbox"/> Name Badge | \$1500 | SOLD |
| <input checked="" type="checkbox"/> Symposium Bag | \$1500 | SOLD |
| <input type="checkbox"/> Exhibitor Reception | \$1500 | 1 Available |
| <u>Meal & Registration Sponsors</u> | <u>\$1000/ea</u> | 1 SOLD 5 Available |
| <input type="checkbox"/> Breakfast February 1 st | <input checked="" type="checkbox"/> Lunch February 1 st | <input type="checkbox"/> Committee Lunch & Network Jan. 31 st |
| <input type="checkbox"/> Breakfast February 2 nd | <input type="checkbox"/> Lunch February 2 nd | <input type="checkbox"/> Registration |
| <u>Activities Sponsors</u> | <u>\$1000/ea</u> | <u>2 Available</u> |
| <input type="checkbox"/> Wine Tour | <input type="checkbox"/> Curling | |
| <u>Other Sponsorship Opportunities: \$750/ea</u> | | <u>6 Available</u> |
| <input type="checkbox"/> Break-Out Room | <input type="checkbox"/> Caricaturist-Who am I? | <input type="checkbox"/> Vendor Passport |
| <input type="checkbox"/> Networking Break Feb. 2 nd | <input type="checkbox"/> Coffee Break Feb. 1 st | <input type="checkbox"/> Coffee Break Feb 2 nd |

Payment Method

Visa Master Card Amex Cheque Invoice TOTAL: _____
 Card # _____ Expiry _____

Make Cheque payable to ORCGA

If you have any questions, please contact Keith Begley:

keith@orcga.com

Cell 647-224-2614

Office 905-532-9836

Toll Free 1-866-446-4493