



Indigenous Health Practice and Research **CONFERENCE** —Building on Our Roots—

October 17 & 18, 2017
Hamilton Convention Centre
Hamilton, Ontario

Vendor Registration

Name of Company: _____

Address: _____ City: _____

Postal Code: _____ Contact Person: _____

Telephone: _____ Fax: _____

E-mail: _____

Information Booth

Craft

Artisan

Product/Service: _____

Registration Fee: \$250.00 for Artisan and Craft Vendors
\$500.00 for Information Booth

Registration fee includes vendor table and two chairs.

Accommodations: Homewood Suites by Hilton at \$159.00. Contact hotel directly at 905-667-1200
and ask for the 'Health Conference' block
Or online at <https://www.starwoodmeeting.com/Book/IndigenousHealthResearch>

Sheraton Hamilton Hotel at \$139.00. Contact hotel directly at 1-888-627-8161
and ask for the 'Indigenous Health Research' block.

Or online at www.hamilton.homewoodsuites.com

Choose dates, add special rate and use group code 'hea'

Vendors must be committed to stay the both days of the conference, operating from 9 a.m. to 5 p.m. Registrants will be supplied with a 10' x 10' booth space including a table, and two chairs. Other display requirements are the responsibility of the vendor. Further details regarding set up and tear down times will be forwarded to you at a date closer to the event. All booth fees must be paid in full on or before September 1st, 2017. The undersigned acknowledges that he/she agrees to comply with the rules and regulations governing the conference. Payment can be made in the following ways ONLY: Certified cheque or money order

Method of Payment:

Cheque/Money Order: Please make cheque/money order payable to: Aboriginal Health
Access Centre

Payments can be mailed or delivered in person to:
TAP Resources
1668 Cheifswood Road, Ohsweken, Ontario, N0A 1M0

Send completed form to: Ben MacDonald at TAP Resources via fax or email.

Fax: (519) 445-1795
Email: tapresources@bellnet.ca

By signing below, I agree to all the terms and conditions and payment policy. I will also ensure that payment is provided two weeks prior to the conference..

Name: _____

Signature: _____ Date: _____