

Jack Hirose & Associates are pleased to offer sponsorship opportunities to organizations and businesses who provide services in the fields of nursing, psychotherapy, addictions treatment, counselling, marriage & family therapy, psychology and other related fields.

As an exhibitor at a Jack Hirose and Associates workshop, you will receive an exclusive opportunity to interact with our workshop participants. We arrange breaks throughout the day to allow participants time to interact with our exhibitors. Your exhibitor booth will consist of a six foot draped table, located in or near the main lecture hall. You will have space to display promotional materials and showcase your organization or business.

STEP 1 – SELECT PRICING & CONFERENCE(S)

- For-Profit Organization Conference Exhibitor Fee: \$3,000.00 (plus tax)**
 Non-Profit Organization Conference Exhibitor Fee: \$2,500.00 (plus tax)

Includes two complimentary seats. Only two people can be granted the complimentary registration, seats cannot be shared.

Conference Name _____

Conference Date _____

STEP 2 – YOUR DESIGNATED FREE SEAT

The three-day complimentary seat (\$1,358 value) applies to the conference only. The individuals named here will receive a registration confirmation by email. Please note, only two person can be granted the complimentary registration - we do not allow seat sharing. Others who wish to attend can register at jackhirose.com. Only pre-registered individuals will be allowed in and provided with certificates valid for CEU's.

Name of Complimentary Registrant #1 _____

Email of Complimentary Registrant #1 _____

Name of Complimentary Registrant #2 _____

Email of Complimentary Registrant #2 _____

STEP 3 – CONTACT INFORMATION

Name of Exhibiting Organization _____

Name of Booth Attendant _____

Billing Address _____

City _____

Province _____

Postal Code _____

Work Phone # () _____

Email _____

STEP 3 – PAYMENT

Please note, payment must be made in advance to reserve space. Payment is non-refundable. Space is reserved on a first-come, first-serve basis. Upon receipt of payment, a confirmation notice will be emailed. *Jack Hirose & Associates Inc. reserves the right to determine requests deemed to be suitable to the philosophy and mandate of the conference/workshop.*

- Visa MasterCard Cheque

Name on Card _____

Card Number _____

Expiry _____