

# 2010 Snowbird Lifestyle Presentations REGISTRATION FORM



Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_ Medipac Representative: \_\_\_\_\_

Total Sponsorship Cost: \$ \_\_\_\_\_

GST @ 5%: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Deposit 50% (Due Upon Signing):** \$ \_\_\_\_\_

Balance due August 31, 2010: \$ \_\_\_\_\_

**Sponsorship Details  
outlined on  
attached page**

**Authorized Representative:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make cheques payable to: Medipac International Inc.**  
180 Lesmill Rd, Toronto, ON, Canada M3B 2T5  
(416) 441-7028 or 1-800-326-9560

*All deposits are non-refundable*

**Fax To: (416) 441-7067 or (416) 441-7010**