

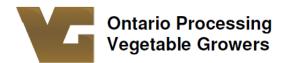


435 Consortium Court, London, Ontario, N6E 2S8 Tel: (519) 681-1875 Fax: (519) 685-5719

Ontario Processing Vegetable Industry Conference

2020 Elite Sponsorship Application								
COMPANY NAME								
COMPANY CONTACT PERSON								
MAILING ADDRESS								
CITY	PROV/ST	ATE	POSTAL CODE/ZIP		DAYTIME PHONE			
EMAIL		WEBSITE	FAX					
☐ Yes, I give permission for OPVG to communicate conference related materials via email.								
Yes, our company would like to be a sponsor for the Ontario Processing Vegetable Industry Conference, in the amount of:								
☐ \$5,000.00 – Platinum Sponsorship			☐ \$3,500.00 – Gold Sponsorship					
☐ \$2,500.00 – Silver Sponsorship			☐ \$1,500.00 – Bronze Sponsorship					
• As an Elite Sponsor you are entitled to a complimentary booth space. Please submit the Exhibitor Application along with the sponsorship application if you would like to participate.								
METHOD OF PAYMENT	METHOD OF PAYMENT							
□ Visa		☐ Mastercard		☐ American Express				
CARD#			EXPIRY					
NAME OF CARD			SIGNATURE					
** I Authorize the Ontario Pro Processing Vegetable Industry	_	_	harge my credit card	l, as an elit	e sponsor for the Ontario			
☐ Cheque (payable to the "Ontario Processing Vegetable Growers")								





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Ontario Processing Vegetable Industry Conference

2020 Industry Reception "Draw Prize" Donation Application								
COMPANY NAME								
COMPANY CONTACT PERSON								
MAILING ADDRESS								
CITY	PROV/STATE	POSTAL CC	DDE/ZIP	DAYTIME PHONE				
EMAIL	WEBSITE	,	FAX					
☐ Yes, I give permission for OPVG to communicate conference related materials via email.								
TOTAL A	ON: \$							
METHOD OF PAYMENT ☐ Visa	☐ Mastercard	1	☐ Amer	ican Express				
CARD#	-	EXPIRY						
NAME OF CARD	SIGNATUR	SIGNATURE						
** I Authorize the Ontario Processing Vegetable Growers to charge my credit card for a "DRAW PRIZE" donation for the Ontario Processing Vegetable Industry Reception.								
☐ Cheque (payable to the "Ontario Processing Vegetable Growers")								





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Ontario Processing Vegetable Industry Conference

2020 Exhibitor Application								
COMPANY NAME								
COMPANY CONTACT PERSON								
(STAFF NAME TO APPEAR ON	-SITE)							
MAILING ADDRESS								
CITY	PROV/ST/	ATE	POSTAL CODE/ZIP		DAYTIME PHONE			
EMAIL		WEBSITE		FAX	,			
NATURE OF BUSINESS								
☐ Yes, I give permission for OPVG to communicate exhibitor & conference related materials via email.								
CONTACT NAME			CONTACT EMAIL					
BOOTH PRICING:								
⇒ \$500.00 + \$65.00 (HST) = \$	5565.00 Total			HST No. R122391816			
INCLUDED: 6 FOOT TABLE SPACE (Includes table and an electrical outlet)								
Please specify any height requ		•		-	nlay their material and			
equipment at a limited size so		•	=		• •			
reserved on a first-come, first								
☐ Yes, I require an electi	rical outle	et						
☐ Yes, I have a height re	quiremer	nt which is:						
☐ I am an Elite Sponsor			Additional Requests:					
METHOD OF PAYMENT								
□ Visa		☐ Mastercard		☐ American Express				
CARD #	ARD #		EXPIRY					
NAME OF CARD			SIGNATURE					
** I Authorize the Ontario Processing Vegetable Growers to charge my credit card for a booth space for the Ontario Processing Vegetable Industry Conference								
☐ Cheque (payable to the "Ontario Processing Vegetable Growers")								