

## BOOTH RENTAL AGREEMENT

**BETWEEN:** The **Association d'oto-rhino-laryngologie et de chirurgie cervico-faciale du Québec**, a legal person duly constituted according to law, with a head office at 2 Complexe Desjardins, porte 3000, Montreal QC H5B 1G8.

Hereinafter the "Association"

**AND:** **Company** \_\_\_\_\_,  
a legal person duly constituted according to law, with a place of  
business at \_\_\_\_\_.

Hereinafter the "Exhibitor"

**WHEREAS** the Association wishes to organize the following continuing medical education activity (hereinafter the "Activity"), with the objective of addressing doctors' training needs:

Title: **Annual Convention**

Date: **October 29 – 31, 2010**

Location: **Château Frontenac, Quebec (QC)**

**WHEREAS** the Exhibitor wishes to rent a space to set up an information booth during the Activity.

### THE UNDERSIGNED AGREE AS FOLLOWS:

1. The preamble is an integral part of this agreement.
2. The Exhibitor agrees to pay an amount of 3500,00 \$ + 175,00 \$ (GST) + 275,63 \$ (PST) = **3950,63 \$** to rent a space to set up an information booth during the Activity (hereinafter the "Booth"). This amount is to be paid in full in the 30 days that follow the signing date of this Agreement by the Exhibitor.

GST Registration number : R123555435  
PST Registration number : 1006108268

3. The amount paid by the Exhibitor is for the rental of the Booth and does not include any additional donation to the Association.
4. The Booth will measure approximately 10 feet by 10 feet. A table will be available to the Booth, along with 2 chairs.

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5. The location of the Exhibitor's Booth is entirely up to the Association and may under no circumstances be in the same room as the conferences.
6. A maximum of 2 representative(s) can be in the Booth.
7. The Exhibitor is the only entity responsible for charges related to organizing the Booth. It is also responsible for its transportation, set-up and teardown, and for providing necessary on-site security for the Booth.
8. Any special request for the Booth (e.g. electricity, Internet connection) must be communicated to the Association at least 30 days before the Activity is held, and the Association retains the right to agree to or refuse the request, and to charge a fee depending on its nature.
9. The parties acknowledge that the activities to be held at the Booth are primarily promotional in nature and should in no way be identified as continuing medical education activities.
10. The Booth is forbidden to offer gifts, promotional items, prizes, rewards or any other object whose purpose is to provide participating doctors with a personal, familial or monetary benefit.
11. The Exhibitor acknowledges that the Association will have complete, final and independent control over the organization, content and conduct of the Activity. The Association acknowledges that the Exhibitor has no responsibility or role with respect to the organization, content and conduct of the Activity, or the location where the Activity is to be held, or the staff, material and products used for the Activity.
12. The Exhibitor acknowledges that the Association has no responsibility or role with respect to the organization, content and conduct of Booth activities, or as to the staff, material and products used at the Booth.
13. The Exhibitor acknowledges that the Association cannot be held liable for any accident, theft, loss or damage occurring at the Booth, or for the Exhibitor's material and products therein.
14. The name of the Exhibitor may be mentioned in the Activity's relevant documentation.
15. If the Exhibitor cancels, the Association shall not provide any refund.
16. If the Activity is not held, the Association must, upon request, return the entire amount or the unused part of the amount paid by the Exhibitor, as the case may be.

## **BOOTH RENTAL AGREEMENT**

**In witness whereof, the parties have signed this Agreement in Montreal:**

On \_\_\_\_\_, 2010

On \_\_\_\_\_, 2010

\_\_\_\_\_  
**Jocelyne Fortin**  
*Administrative Assistant*  
Association d'oto-rhino-laryngology  
et de chirurgie cervico-faciale du Québec

\_\_\_\_\_  
**Mr./Ms.**  
*Title*  
Company :

Name of the company : _____	Name of contact person : _____ (To which all meeting correspondence will be addressed)
Address : _____	Address : _____
City : _____	City : _____
Province : _____ Postal Code: _____	Province : _____ Postal Code : _____
Telephone : _____ Fax : _____	Telephone : _____ Fax : _____
Email : _____	Email : _____

**Company representatives at the meeting :**

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

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

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