



**AFC Spring Conference
Four Points & Element Hotel, Toronto
May 30th – 31st, 2026**

EXHIBITOR CONTRACT

Company Name _____

Mailing Address _____

Phone _____ Fax _____ E-mail _____

Exhibit Supervisor _____ Title _____

Names for ID Badges (please print):

1: _____ 2: _____

Company Biographical Information enclosed: Y/ N

EXHIBIT REQUIREMENTS

Tables: Yes No If Yes, Number of Tables _____

Chairs: Yes No If yes, Number Chairs _____

Electrical: Yes No If Yes, Number of Outlets _____

Other requirements: _____

EXHIBITOR FEES

SPRING CONFERENCE 2026

Before April 24, 2026

Table Only: \$1299 CAD (+HST) per Space/table

Table + Stage Time (5 minutes Maximum): \$1399 CAD (+HST) per space/table

April 25, 2026, up to the event:

Table Only: \$1450 CAD (+HST) per Space/Table

Table + Stage Time (5 minutes Maximum): \$1550 CAD (+HST) per space/table

2026 SPRING & FALL CONFERENCE SPECIAL

Spring Conference: May 30 – 31, 2026 | The Four Points & Element Hotel, Toronto ON

Fall Conference: October 3, 2026 | Toronto, ON

Available Until Spring Conference

Table Only: \$1998 CAD (+HST) per Space/Table

Table + Stage Time (5 minutes Maximum): \$2198 CAD (+HST) per Space/Table

Reserve 2 tables & the 3rd is Free!!!

(NB: each paid Table Includes 1 Lunch Ticket, additional tickets for purchase)



Payment Method: Cheque VISA MC **Amount Remitted:** _____

Name on Card: _____

Card Number: _____ Exp.Date: _____ CVV: _____

Signature: _____ Date: _____

Terms and Authorization

- Fees are non-refundable. Transfers must be approved by the Conference Committee.
 - Booths are sold to one and only one business entity and no two separate companies shall share or be identified together in any booth. The company assumes full responsibility and liability for losses, damages, and claims arising out of injury or damage to our displays, equipment or other property brought upon the premises of the facility hosting the Conference for the duration of the conference. We shall indemnify and hold harmless the Facility hosting the Conference and/or the Chiropractic Awareness Council and its representatives and members and employees from any and all such losses, damages and claims. By signing this document, the company agrees to all conditions acknowledged above.

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Signed

.....
Print Name

.....
Date

Mail to: Alliance For Chiropractic 34 Abbeywood Cres., Guelph, Ontario N1K 1V2, Canada

OR

Return email to: AFCO % Louisa Magliocco at info@allianceforchiropractic.com