



## EXHIBIT REGISTRATION FORM

OLTCA / ORCA CONVENTION & TRADE SHOW – APRIL 26 & 27, 2010  
METRO TORONTO CONVENTION CENTRE

### Company Information

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

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

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

### Booth Selection:

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

Type of service / product to be displayed:  
\_\_\_\_\_

### Membership Information



- I understand the company I represent must be a member of *either Association* in order to exhibit.
- I understand that booth registration will not be confirmed without membership payment.

For Membership Contact:

**OLTCA** Brian Baillie  
Phone: (905) 470-8995 x 23  
Email: [bbaillie@oltca.com](mailto:bbaillie@oltca.com)

**ORCA** Vera Shewell  
Phone: (905) 403-0500 x 223  
Email: [vera@orca-homes.com](mailto:vera@orca-homes.com)

### Payment Details:

Fax this form to ORCA (905) 829-1594 in order that we may reserve your booth(s) request. If paying by cheque, please follow-up with payment, as booths(s) will only be held for **15 days without receipt of full payment**.  
**A non-refundable \$500 deposit per booth will apply.**

- Visa / American Express / MasterCard Payment:** Fax to ORCA (905) 829-1594

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Date: \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Signature** \_\_\_\_\_

- Cheque Enclosed:** Please make payable to: ORCA Convention 2010  
2390 Bristol Circle, Unit # 6, Oakville, ON L6H 6M5



## Exhibitors' Products & Services Listing - Trade Show April 26 & 27, 2010

**If you did not exhibit in 2009, please complete this page and fax to ORCA at (905) 829-1594, no later than February 15, 2010 in order to meet the printing deadline.**

**Organization:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Please indicate a MAXIMUM OF 3 categories applicable to your company.**

**This form must be received no later than February 15, 2010 in order to meet the printing deadline.**

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting Services and / or Systems           | <input type="checkbox"/> Interior Design                           |
| <input type="checkbox"/> Advertising, Publications, Printing            | <input type="checkbox"/> Laboratory Services                       |
| <input type="checkbox"/> Appraisers                                     | <input type="checkbox"/> Labour Relations                          |
| <input type="checkbox"/> Architects                                     | <input type="checkbox"/> Laundry Service                           |
| <input type="checkbox"/> Bathing Equipment and /or Supplies             | <input type="checkbox"/> Laundry Equipment                         |
| <input type="checkbox"/> Beds, Bedding, Mattresses                      | <input type="checkbox"/> Legal Services                            |
| <input type="checkbox"/> Cleaning Supplies and /or Services             | <input type="checkbox"/> Linens, Towels                            |
| <input type="checkbox"/> Clothing                                       | <input type="checkbox"/> Maintenance                               |
| <input type="checkbox"/> Computers, Software                            | <input type="checkbox"/> Medical Care & Services                   |
| <input type="checkbox"/> Construction Design and / or Planning          | <input type="checkbox"/> Medical Supplies & Equipment              |
| <input type="checkbox"/> Consulting, Marketing, Management Services     | <input type="checkbox"/> Moving & Storage                          |
| <input type="checkbox"/> Dental Services                                | <input type="checkbox"/> Office Supplies                           |
| <input type="checkbox"/> Design Consulting                              | <input type="checkbox"/> Patient Charting & Equipment Supplies     |
| <input type="checkbox"/> Developers                                     | <input type="checkbox"/> Patient Lifting                           |
| <input type="checkbox"/> Education & Training Programs                  | <input type="checkbox"/> Pharmaceuticals                           |
| <input type="checkbox"/> Engineers                                      | <input type="checkbox"/> Real Estate                               |
| <input type="checkbox"/> Financing, Financial Institutions              | <input type="checkbox"/> Records Management                        |
| <input type="checkbox"/> Fire Detection, Alarm Systems                  | <input type="checkbox"/> Rehabilitation                            |
| <input type="checkbox"/> Floor Coverings                                | <input type="checkbox"/> Renovations (Bathrooms, etc.)             |
| <input type="checkbox"/> Food Services                                  | <input type="checkbox"/> Safety Inspections                        |
| <input type="checkbox"/> Foodservice Equipment                          | <input type="checkbox"/> Safety Products                           |
| <input type="checkbox"/> Funeral Homes, Cemeteries                      | <input type="checkbox"/> Security, Telecommunications, Nurse Calls |
| <input type="checkbox"/> Furniture                                      | <input type="checkbox"/> Senior Service Consultants                |
| <input type="checkbox"/> Government Services                            | <input type="checkbox"/> Signage                                   |
| <input type="checkbox"/> Group Purchasing                               | <input type="checkbox"/> Skin Care, Soap                           |
| <input type="checkbox"/> Healthcare / Home Care Staffing & Services     | <input type="checkbox"/> Staff Training                            |
| <input type="checkbox"/> Heating, Air-Conditioning, Ventilating Systems | <input type="checkbox"/> Tableware                                 |
| <input type="checkbox"/> Housekeeping Services and / or Supplies        | <input type="checkbox"/> Transportation Services                   |
| <input type="checkbox"/> Incontinence Products                          | <input type="checkbox"/> Wall Coverings, Window Treatments         |
| <input type="checkbox"/> Infection Control                              | <input type="checkbox"/> Wall Protection Products                  |
| <input type="checkbox"/> Insurance                                      | <input type="checkbox"/> Windows, Entrance Systems                 |
|   | <input type="checkbox"/> Miscellaneous _____                       |