

Please complete the entire contract, sign and return with deposit to Estelle Vazquez by mail at Groupe CTT, 3000, Avenue Boule, Saint-Hyacinthe (QC) Canada J2S 1H9, by fax at +1 (450) 778-3901 or by email at evazquez@gcttg.com

## PARTICIPANT INFORMATION

### Main participant

Participant: \_\_\_\_\_ Company: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province/State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Coupon #: \_\_\_\_\_

### Other participants

Participant #2: \_\_\_\_\_ Company: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_ Coupon #: \_\_\_\_\_  
 Participant #3 : \_\_\_\_\_ Company: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_ Coupon #: \_\_\_\_\_  
 Participant #4 : \_\_\_\_\_ Company: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_ Coupon #: \_\_\_\_\_  
 Participant #5 : \_\_\_\_\_ Company: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_ Coupon #: \_\_\_\_\_

## REGISTRATION OPTIONS

| OPTIONS  | PRICE      | x PART. | TOTAL      |
|--|------------|---------|------------|
| Conference and exhibition - 2 Days   | 179.35 CAD | x       | CAD        |
| Conference and exhibition - Day 1  | 126.73 CAD | x       | CAD        |
| Conference and exhibition - Day 2  | 126.73 CAD | x       | CAD        |
| Exhibition   | 37.25 CAD  | x       | CAD        |
| Gala   | 126.73 CAD | x       | CAD        |
| <b>Subtotal</b>  |            |         | <b>CAD</b> |
| <b>GST 5%</b><br>Applicable to all Canadian and foreign companies except Canadian provinces subject to HST       |            |         | <b>CAD</b> |
| <b>HST 13% - 15%</b><br>Applicable to companies in Ontario (13%) and all Canadian provinces subject to HST (15%) |            |         | <b>CAD</b> |
| <b>TVQ 9,975%</b><br>Applicable to companies in Quebec   |            |         | <b>CAD</b> |
| <b>TOTAL</b>   |            |         | <b>CAD</b> |

## PAYMENT OPTIONS

**Check**      Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_       **Credit Card**       MasterCard       VISA  
 Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ **(Credit card information will be processed upon receipt.)**

## AUTHORIZATION

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

**Due to regulations, please check the box below.**

I authorize Groupe CTT Inc. to send communications on Expo Hightex and other activities to the participants registered on this form.