

**CSC - SPONSORSHIP REGISTRATION FORM (Please print or type)**  
**Delta Hotel Regina –Regina, Saskatchewan – May 22 to 26, 2019**

Yes I am interested in being part of this conference! My level of sponsorship is:

Diamond     Platinum     Gold    \*  Silver    \*  Bronze    \*Connections Cafe only  
\$6500 CDN    \$5000 CDN    \$3500 CDN    \$2000 CDN    \$1000 CDN

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ P/Code/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Is this your first CSC or CSI Conference?     YES     NO

Name of event we wish to sponsor: \_\_\_\_\_  
(Diamond and Platinum only - availability subject to approval by Association office)

**BADGES AND REGISTRATION**

Please indicate who will be receiving the *COMPLIMENTARY DELEGATE REGISTRATION*: (includes technical sessions, scheduled luncheons/breakfasts, Fun Night, and Presidents Ball) *Maximum number of complimentary registrations (in brackets) for each level.*

Diamond ( 3 )	Platinum ( 3 )	Gold ( 2 )	Silver ( 1 )
1) Name: _____ Email: _____			
2) Name: _____ Email: _____			
3) Name: _____ Email: _____			

Please indicate () if you require the following:    \_\_\_\_\_ electrical    \_\_\_\_\_ table    \_\_\_\_\_ chair  
(there is no additional charge)

**IMPORTANT**

Please see booth size restrictions on Sponsorship Prospectus or visit [www.csc-dcc.ca](http://www.csc-dcc.ca) for details.

**Delegate name(s) MUST BE provided NO LATER than May 15, We will not be able to accommodate name changes or additions after this date.**

**PAYMENT**

INVESTMENT: \$ \_\_\_\_\_  Cheque \_\_\_\_\_     Visa     MasterCard     American Express  
**(CANADIAN DOLLARS)**

Please email, mail/fax this form along with  
Payment to:  
Construction Specifications Canada  
120 Carlton Street, Suite 312, Toronto  
Ontario, M5A 4K2  
Email: [clafton@csc-dcc.ca](mailto:clafton@csc-dcc.ca)  
Fax: 800-668-5684 (Canada)  
*Note: Sponsorship Guaranteed when payment is received*

**PAYMENT METHOD**

Card Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_ Card security code: \_\_\_\_\_  
Card Holders Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_