

Sponsorship Application Form

Please type or print in block letters



Organization/Business Name: _____

Contact Name: _____ Contact Title: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Mailing Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Please select your sponsorship level: _____

Sponsorship Value: \$ _____

Please indicate your sponsorship opportunity choice:

Choice 1:

Choice 2:

Opportunity Name: _____

Please indicate whether you require a display area in the event venue you are sponsoring:
(applies from Bear through Loon sponsorship levels only) (check YES / NO)

If yes, please provide description: _____

Payment by:

Cheque (payable to the Arctic Health Research Network-NT)

Visa Mastercard

Card Number: _____ Expiry Date: ____/____/20 ____

Security Code (3-digit code on back of card): _____

Card Holder Name: _____ Signature: _____
(please print)

Please FAX or mail application to Congress Coordinator at +1.867.873.9338

Cheques can be sent to ICCH14 Coordinator PO Box 11050 Yellowknife, NT X1A 3X7





Sponsorship Benefit Specifications, Terms and Conditions

(as applicable to sponsorship level)

1. Organization to provide logo in high quality jpeg, pdf, and web ready formats electronically to Congress Coordinator at icch14@theedge.ca.
2. The Congress Chair reserves the right to decline any sponsorship, which in their judgement does not meet with the character of the congress.
3. This contract will terminate without liability to either party if substantial performance of either party's obligations is prevented by an unforeseeable cause reasonably beyond that party's control. Such causes include, but are not limited to: acts of God; acts, regulations or orders of governmental authorities; fire, flood or explosion; war, disaster, curtailment of transportation facilities; or other emergency, which make it illegal or otherwise impossible to provide the facilities or the services to hold the meeting; any delay in necessary and essential construction or renovation of the meeting facility, strike, lockout or work stoppage or other restraint of labour, either partial or general, from whatever cause. The Congress Chair will, however, in the event of impossibility of performance for any of the above, reimburse the sponsor on a pro-rata basis on any amount paid, less any and all legitimate expenses incurred, such as, but not limited to: rent, advertising, salaries, operating costs, etc.

Sponsorship Policy

1. The Executive of the Steering Committee for the 14th International Congress on Circumpolar Health (ICCH14) will consider applications for sponsorship for ICCH14 from organizations that provide products or services that are ultimately of benefit to improved health.
2. Organizations that manufacture or promote products or services such as tobacco products, alcoholic beverages, weapons, gambling or pornography are not eligible to act as sponsors of ICCH14.

