

**Exhibitor Company Information**

Name:

Country:

Mailing Address:

Contact Person Name:

Contact E-mail:

Telephone:

Fax:

Web URL:

**ISAAC Connect Staff Pass Information**

Your ISAAC Connect virtual Exhibitor Booth space includes **two complimentary staff passes**. Please provide us, in the designated spaces below, the **name and contact information for whom each of the passes will be issued**:

**Pass 1**

**Pass 2**

**First Name:**

**First Name:**

**Last Name:**

**Last Name:**

**Email Address:**

**Email Address:**

**Acceptance – (Unsigned Contracts will not be accepted)**

I, the authorized representative of the above organization, on behalf of said organization subscribe and agree to all terms, conditions, authorizations and covenants contained herein and all Rules and Regulations governing ISAAC Connect, and further agree that this becomes a binding Contract once signed. ISAAC reserves the right to determine the eligibility of any Exhibitor or Organization for participation in ISAAC Connect.

**I further attest that by entering (select the one that applies):**

**“Canada” as our company’s “country of residence”, we are resident in Canada for purposes of the Excise Tax Act and that we are registered under that Act.**

**OR**

**any country other than “Canada” as our company’s “country of residence”, we are not resident in Canada for purposes of the Excise Tax Act and that we are not registered under that Act. Where applicable, we agree to advise ISAAC in the event there is any change to our company’s residence status or should we become registered for the purposes of the Excise Tax Act, at any point prior to the holding of ISAAC Connect**

**By placing my signature on this document, I confirm that I have read, understand, and agree with [the ISAAC Connect Exhibitor Terms and Conditions](#).**

**I further agree that our full payment has already been receipted, and payment instructions by way of VISA or MasterCard credit card are included with this completed agreement (or have previously been provided). Completed form must be returned no later than July 15<sup>th</sup>, 2021, in order to secure your booth space.**

**Signature:**

**Date:**

**DO NOT EMAIL THE COMPLETED FORM, UNLESS IT IS SECURED VIA PASSWORD PROTECTION  
COMPLETED FORMS CAN BE FAXED OR MAILED TO ISAAC INTERNATIONAL (see information below).  
Alternatively, arrangements can be made to upload completed forms to a secured Google  
Drive folder.**

**In order to process your credit card payment, please provide the following information:**

**Charge Amount:**

**Credit Card Type:**

**Credit Card Number (VISA or MasterCard only):**

**Expiry Date:**

**CVV (3 digits on back of card):**

**Name on Credit Card:**

**(please print or type name of card holder)**

**Address (as on file with bank or credit card company):**

**By providing the above credit card information and signature on the Exhibitor Sign-Up Form, I hereby agree to ISAAC International performing a one-time charge to the noted credit card for the total amount stated. I further understand and agree that once the charge is processed, refunds will not be provided under any circumstances.**

ISAAC International  
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