

# 2018 Knowledge Exchange Sponsorship

## CONTACT INFORMATION

**ORGANIZATION**

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**FULL NAME (ORGANIZATION REPRESENTATIVE)**

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**TITLE/POSITION**

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**EMAIL**

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**ADDRESS**

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**TELEPHONE NUMBER**

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**PLEASE COMPLETE THE FOLLOWING AGREEMENT:**

On behalf of

\_\_\_\_\_  
(organization)

I,

\_\_\_\_\_  
(representative's name)

agree to the sponsorship of the 2018 Knowledge Exchange for the total amount of

\$ \_\_\_\_\_

for

\_\_\_\_\_  
(sponsorship option)

**ORGANIZATION SIGNATORY DATE BILLING INFORMATION**

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**PLEASE RETURN THE COMPLETED SPONSORSHIP AGREEMENT FORM TO:**

National Initiative for the Care of the Elderly (NICE)

246 Bloor Street West, Suite 234

Toronto, Ontario M5S 1V4

CHEQUE ENCLOSED, PLEASE SEND INVOICE TO (EMAIL): \_\_\_\_\_