



**Canadian Laser and Aesthetic  
Specialists Society**

**ANNUAL  
EDUCATIONAL SYMPOSIUM  
EXHIBITOR PROSPECTUS**

**Saturday, November 9, 2019**



**TORONTO**  
Shangri-La Hotel



CANADIAN LASER AND AESTHETIC SPECIALISTS SOCIETY

2334 Heska Rd., Pickering, Ontario L1V 2P9

Tel: 905-837-1124 / 1-877-578-0336

Fax: 905-837-1125

E-mail: [info@class.ca](mailto:info@class.ca)

Web site: [www.class.ca](http://www.class.ca)

## EDUCATIONAL SYMPOSIUM

Saturday, November 09<sup>th</sup>, 2019

### EXHIBITOR INFORMATION

**Venue:** Shangri-La Hotel, Toronto – Queen's Park Ballroom

**Exhibit space:** Table Top Exhibits - 6 ' draped table / chairs provided.

**Booth Allocation:** Tables will be spaced around the perimeter of the room with coffee and lunch service provided in the centre of the room. Preferred exhibit space will be delegated with priority dependent on the level of sponsorship and thereafter on a first-come, first- served basis. On receipt of registration and full payment, a floor plan will be sent to exhibitors to indicate 1st, 2nd and 3rd choice.

**Hotel Info:** Shangri-La Hotel 188 University Ave. Toronto, ON .  
Room rate: **\$350.00** per night. Cut off date: **October 9, 2019**  
Reservations: Hotel Main 647-788-8850 / [groups.slto@shangri-la.com](mailto:groups.slto@shangri-la.com)  
(Reference CLASS Mtg)

**Set-Up time:** **Saturday November 9th 6:00 a.m. – 9:00 a.m.**

**Exhibit Hours:** Saturday, November 9<sup>th</sup> 9:30 a.m. – 4:00 p.m.  
Cocktail reception 5:00 p.m. – 6:00 p.m.

**Hotel Contact** **Conference Service Manager: Maureice Dalupang**  
Tel: (647) 788-8880 E-Mail: [maureice.dalupang@shangri-la.com](mailto:maureice.dalupang@shangri-la.com)

**Electrical/ AV** Brendan Koen-Butt- PSAV  
[Bkoen-butt@psav.com](mailto:Bkoen-butt@psav.com) / tel: 647-788-8299.

**Shipping :** Please direct all deliveries to 180 University Avenue via Simcoe Street, Loading Bay - Simcoe Entrance. Deliveries to 3rd Floor.  
**NO MORE THAN 24 HOURS IN ADVANCE**

All packages are required to be addressed to  
CLASS c/o

Maureice Dalupang: Class Meeting 2019 (11.08.19 - 11.10.19)

QUEENS PARK ROOM

NUMBER OF PACKAGES (1 of 3, 2 of 3, etc).

Kindly note, any deliveries greater than eight (8) boxes will require a time to be scheduled for bay access. All large/heavy deliveries requiring a pallet truck will require a delivery truck with a lift.

## CLASS ANNUAL SYMPOSIUM 2019

### REGISTRATION FEE

	<b>Before Oct. 12/19</b>	<b>After Oct.12/19</b>
CORPORATE MEMBER	\$1500.00 (INCLUDES 2 REPS)	\$1600.00
CORPORATE NON-MEMBER	\$2000.00 (INCLUDES 2 REPS)	\$2100.00
Extra representatives	\$ 125.00 each	

### SPONSORSHIP OPPORTUNITIES

All sponsorships will be acknowledged in the meeting program and have additional meeting signage.

BREAKFAST	\$1000.00
LUNCH	\$2500.00
COCKTAIL RECEPTION	\$2000.00
DELEGATE BAGS	\$1000.00

**In addition, sponsorships in the form of unrestricted Educational Grants will also be accepted. Companies sponsoring at these levels will also have acknowledgement on the CLASS home web page and meeting program, additional signage in meeting venue, and will have preferred exhibit space dependent on the level of sponsorship. PLUS level sponsors will have complimentary exhibit space .**

\$10,000.00	Platinum <b>PLUS</b> Sponsorship <b>2 hour Satellite Symposium</b> and 2 exhibit spaces
\$ 6000.00	Gold <b>PLUS</b> sponsorship <b>1 hour Satellite Symposium</b> and 1 exhibit space
\$ 5,000.00	Platinum Sponsorship
\$ 3,500.00	Gold Sponsorship
\$ 2,500.00	Silver Sponsorship

Exhibit Registration Fee \_\_\_\_\_ + GST 13% on exhibit fee only

Sponsorship \_\_\_\_\_

**Total Due** \_\_\_\_\_

Payment by:     VISA         CHEQUE payable to CLASS

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

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

Contact Person \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: : \_\_\_\_\_ E-Mail: \_\_\_\_\_

Representatives: \_\_\_\_\_

*Please return by mail or fax to:*

**CLASS - 2334 Heska Rd. Pickering, Ontario L1V 2P9**

**Tel: 905-837-1124 / 1-877-578-0336    Fax: 905-837-1125**

## **CLASS Platinum PLUS and Gold PLUS Sponsorship Satellite Meeting Request**

**NOTE: The Platinum PLUS and Gold PLUS Sponsorship Satellite Meeting Request** requires approval of a majority of the CLASS Board of Directors. Upon approval, this meeting package includes the following items:

1. Minimum of Three Advertising email announcements to our entire contact list of 600+ aesthetic procedure oriented specialist practices in Canada (Plastic Surgeons, Facial Plastic Surgeons, Dermatologists, Oculoplastic Surgeons), including sponsor provided wording announcement and colour logo.
2. All mailouts are to be handled by CLASS staff with content provided by Sponsor. Email will be professionally designed by our web marketing provider optimized for viewing on computers as well as smart phones and tablets, with a SAFE UNSUBSCRIBE feature
3. Inclusion of Company Logo and Satellite meeting announcement on official CLASS website home page with internal link to professionally designed Satellite meeting announcement webpage including Company logo within CLASS official website on separate page within official website
4. External Link out from official CLASS website to Sponsor's company website of sponsor's choice (with page indicating that browser is leaving official CLASS website)
5. Prominent signage and Logo displayed at meeting indicating sponsorship level.
6. Hotel meeting room provided for holding satellite meeting at no extra charge, including registration services with official badges for attendees.

**Space will be sold on a first-come, first-served basis.**

**CLASS is not responsible for the overall outcome or attendance of the symposium.**

**The views expressed and quality of content are those of the commercial sponsor and should not be regarded as those of CLASS, its board, members or staff. Any advertising that sent out by the commercial sponsor may NOT state that the symposium is ENDORSED by CLASS but may state: "Held during the CLASS 2019 Annual Meeting"**

**The undersigned agrees and acknowledges the terms of the application.**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send completed application and payment to:**

**CLASS  
2334 Heska Rd.  
Pickering, ON L1V 2P9  
Tel: 905-837-1124/ Fax: 905-837-1125**

**CLASS MEETING 2019**  
**Corporate Satellite Symposium Space Request**

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

**Event Organizer/Contact:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

**Website:** \_\_\_\_\_

**Event Title** \_\_\_\_\_

**Estimated Attendance:** \_\_\_\_\_

**Date/Time Requested:**

- |                          |                                        |                    |                               |                   |
|--------------------------|----------------------------------------|--------------------|-------------------------------|-------------------|
| <input type="checkbox"/> | <b>Friday, November 8<sup>th</sup></b> |                    | <b>Saturday, November 9th</b> | <b>\$6,000.00</b> |
|                          | <b>6-7 p.m.</b>                        | <b>\$6,000.00</b>  | <b>7-8 a.m</b>                |                   |
| <input type="checkbox"/> | <b>Friday, November 8th</b>            | <b>\$6,000.00</b>  |                               |                   |
|                          | <b>7-8 p.m.</b>                        |                    |                               |                   |
| <input type="checkbox"/> | <b>Friday, November 8th</b>            | <b>\$10,000.00</b> |                               |                   |
|                          | <b>6-8 p.m.</b>                        |                    |                               |                   |

**Room Set up:**  **Rounds**     **Theatre**     **Crescents**     **Schoolroom**