

## Contact Information

Organization Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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## Pricing & Partnership Selection

*Presenting Partner - \$10,000*

*Education Partner Level 1 (\$5,000)  
Choose One:*

Plenary One

Plenary Two

Plenary Three

*Networking Partner Level 1 (\$6,000)  
Choose One:*

Entertainment

Awards Gala

*Education Partner Level 2  
(\$1,000) Choose Your  
Workshop(s):*

Identify session number(s):

*Networking Partner Level 2 (\$3,000)  
Choose One:*

Breakfast

AM Refreshment Break

Lunch

PM Refreshment Break

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## Payment Details

Please Invoice

Visa

MasterCard

Amount Owing: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Expiry Date: MM: \_\_\_\_\_

/YY: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please make cheques payable and/or return form to:

Ontario Municipal Social Services Association  
30 Duncan Street, Suite 606, Toronto, ON, M5V 2C3  
(416) 479-1491 | E: education@omssa.com