

	Please note: print dec	adlines apply. Thank you	ı for confirming your support in	a timely mann	er.	
Corporate / personal	advertisement in the	virtual program boo	k (Dimensions: 8.5 x 11 (+ble	ed) portrait, 30	0 DPI)	
Full Page: \$300	1/2 Page: \$200	1/4 Page: \$150	Business card: \$100			
l am unable to att	rend the event but would	l like to make a dona	tion \$	(a fu	ll tax receipt will be provid	led)
Individual Tickets:	Students: \$25	Adults: \$50	VIP reserved seating:	\$80	Total: \$	
Name:			Company name:			
How you wish to be listed	on the recognition boar	ds (if different from co	ompany/name listed above):			
Address:			City:	Province: _	Postal Code:	
Tel. Business:	Cellular:		Email:			
Payment enclosed: VIS	SA MC Cheque po	yable to: Israel Cance	er Research Fund ICRF Rec	cruiter (name)	:	
Credit Card #		Ex	sp. date:	CCV#:		
All advertisements, messaaes	s and logos must be supplie	d in hi-res pdf or hi-res in	pea by <b>Friday March 13, 2020</b>			