

EXHIBITOR REGISTRATION FORM



July 11 – 13, 2006
Aboriginal Youth Business Summit
“From Dreams to Reality”
Wu Conference Center
Fredericton, New Brunswick
www.dreamstoreality.ca

Summit Purpose:

To catalyze and inspire entrepreneurship amongst Aboriginal people, especially those between 17 – 25 years old.

Summit Objectives:

1. Increase awareness, skills and knowledge about opportunities, success stories, and lessons learned and best practices in Aboriginal entrepreneurship.
2. Connect Aboriginal youth entrepreneurs with useful networks and resources for developing or furthering their business objectives.
3. Provide Aboriginal business students with practical experience in applying business concepts within the context of planning and organizing an Aboriginal Youth Business Summit.

Please complete the following:

Contact Name: _____ Company Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Name(s) of Booth Personnel: _____

All exhibitors receive one six foot draped table. Please indicate if you require any of the following:

- Power Source
- Internet Access, please specify type i.e. wireless _____
- Additional table(s), please specify _____
- Additional audio visual requirements (may be subject to charges) i.e. easels, flipcharts, screen etc. _____

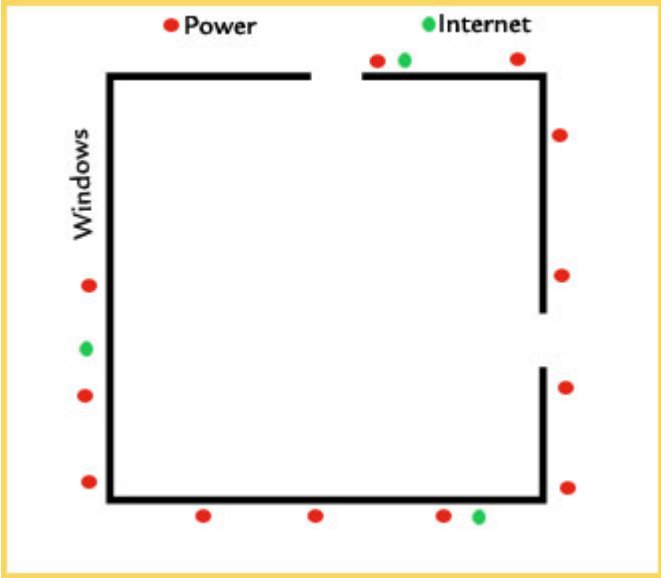
Please indicate any other special needs or requirements:

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Set Up: July 11, 2006 between 12:00 pm – 4:00 pm

Exhibits will be available for participants from July 11th at 7:00 pm until July 13th at 1:30 pm.

EXHIBIT SPACE LAYOUT



** Please specify your preferred exhibit area, requests will be taken into consideration but due to availability can not be guaranteed.*

*For further information please visit our website at www.wu.unb.ca.
Questions or inquiries please contact Geoff Gallant at 506-453-5132 or geoff@unb.ca.*

PAYMENT INFORMATION

Exhibitor Type:

- Aboriginal Business \$250
- Other Businesses or Agencies \$500

Payment Type:

- Cheque
- Cash
- Credit Card (see below)

_____ Visa _____ MasterCard _____ American Express

Name on Card: _____

Card Number: _____

Expiry Date: _____ **Signature:** _____
(Cards can not be processed with out signature)

*** Please make cheques payable to the Wu Conference Center and mail cheque or credit card information, along with this form to:**

**Geoff Gallant
c/o AYBS Exhibitor Registration
University of New Brunswick
6 Duffie Drive
Fredericton, NB
E3B 5A3**

*** Or fax (only paying with credit card information) to 506-453-4658 to the attention of Geoff Gallant**

