JOURNÉES OPHTALMOLOGIQUES UNIVERSITAIRES DE QUÉBEC

JOURNÉES OPHTALMOLOGIQUES UNIVERSITAIRES DE QUÉBEC

JANUARY 29 AND 30, 2026

Centre des congrès de Québec

900, boul. René-Lévesque Est, 2e étage, Québec (Québec) G1R 2B5

BOOTH RENTAL FORM

PLEASE FILL IN THE INFORMATION ON THIS INTERACTIVE PDF AND SEND IT TO US EITHER:

BY E-MAIL: mariepier.hc@icloud.com

WE WILL THEN SEND YOU THE COMPLETED CONTRACT BY EMAIL FOR ELECTRONIC SIGNATURE.

COMPANY'S INFORMATIONS :

Company's Name : _____

Address: _____

City : _____ Province : _____ Postal Code : _____

INFORMATIONS OF THE COMPANY'S CONTACT PERSON :

Full Name : _____

Email : _____

Phone : _____ Fax : _____

NUMBER AND SIZE OF BOOTH SPACE(S) :

(Each space includes: garbage, electricity, internet, registration of 2 representatives. Registration fees apply to additional representatives. A 6 feet table with tablecloth, as well as 2 chairs are also provided.)

_____ : **8 x 10 Space(s)** / (3 000,00 $ + 150,00 $ (GST) + 299,25 $ (QST) = 3449,25 $

_____ : **Additionnal Representative(s)** / (1000,00 $ + 50,00 $ (GST) + 99,75 $ (QST)) = 1149,75 $

PLEASE indicate your 2 preferred booth locations (**See booth numbers on the plan**): _____ _____

OPTIONS OF PAYMENT : Our company will pay the full amount of : _____ $* by :

☐ : CHECK named to **JOUQ** or **Journées ophtalmologiques universitaires de Québec** and send to :

Journées ophtalmologiques universitaires de Québec
Hôpital du Saint-Sacrement - CUO
1050 Chemin Sainte-Foy
Local D1-02
Québec (Québec) Canada, G1S 4L8

☐ : INTERACCOUNT TRANSFERS – DIRECT DEPOSITS

PLEASE contact: mariepier.hc@icloud.com

*Payment due no later than 1 month after booking.

*A 25% administration fee will apply to payments received after the December 31, 2025 deadline.

NAMES OF REPRESENTATIVES WHO WILL BE ATTENDING:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Executive Director :

Mme Marie-Pier Huot Carmichaël - 418-456-0485

GST / 74688-8114 QST / 1225531851