

**CACP Gangs and Organized Crime Conference**  
**The Invisible Threat: The New Face of Borderless Gangs and Organized Crime**

**Conférence de l'ACCP sur les gangs et le crime organisé**  
**La menace invisible : Le nouveau visage des gangs et du crime organisé sans frontières**

**February 21-23 février 2027, Montréal, QC**

| EXHIBITOR BOOTH APPLICATION FORM                                                                                                                                                                                                                                                         |                                          |                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|
| Booth spaces are assigned on a <b>first-come, first-paid</b> basis. Please complete all sections of this form and return it to the CACP National Office with your payment. Once received and processed, a confirmation email will then be sent to the <b>identified contact person</b> . |                                          |                                                                      |
| Organization Information                                                                                                                                                                                                                                                                 |                                          |                                                                      |
| Contact Person:                                                                                                                                                                                                                                                                          |                                          |                                                                      |
| Title:                                                                                                                                                                                                                                                                                   |                                          |                                                                      |
| Organization:                                                                                                                                                                                                                                                                            |                                          |                                                                      |
| Address:                                                                                                                                                                                                                                                                                 |                                          |                                                                      |
| City:                                                                                                                                                                                                                                                                                    | Prov./State:                             | Postal Code:                                                         |
| Tel:                                                                                                                                                                                                                                                                                     | Email:                                   |                                                                      |
| Exhibit Times                                                                                                                                                                                                                                                                            |                                          |                                                                      |
| Monday, February 22, 2027, 07:00 - 16:30, and Tuesday, February 23, 2027, 07:00 - 13:00<br><i>*times are subject to change</i>                                                                                                                                                           |                                          |                                                                      |
| Package Type                                                                                                                                                                                                                                                                             |                                          |                                                                      |
|                                                                                                                                                                                                                                                                                          | <b>Exhibit Only</b><br><i>(1 Person)</i> | <b>Additional Personnel (Booth Access ONLY)</b><br><b>LIMIT OF 2</b> |
| <b>Cost</b><br><b>(All fees are in CAD and subject to tax)</b>                                                                                                                                                                                                                           | <b>\$2,000.00</b>                        | <b>\$375.00 per person</b>                                           |

| Exhibit Booth Registration Selection            |                  |                    |                    |
|-------------------------------------------------|------------------|--------------------|--------------------|
| <i>Package Type</i>                             | <i>How many?</i> | <i>Regular Fee</i> | <i>Amount (\$)</i> |
| Exhibit Only                                    | -                | \$2,000.00         | -                  |
| Additional Personnel<br>(Per Person) LIMIT OF 2 | -                | \$375.00           | -                  |
| SUBTOTAL                                        |                  |                    |                    |
| 15% HST (#106842909RT0001)                      |                  |                    |                    |
| TOTAL                                           |                  |                    |                    |

| Cancellation Policy                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         |                                                                                                                      |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|
| <p>If booth space is canceled on or before November 20, 2026, a full refund less an administration charge of \$75 + HST (\$86.23) will apply. If booth space is canceled between November 21, 2026 and January 20, 2027 inclusive, 50% of the booth fees will be refunded. No refunds will be given for cancellations received after January 20, 2027. <b>Notice of cancellation of exhibit space and booth personnel must be submitted in writing.</b></p> |                                                                                                                                         |                                                                                                                      |             |
| Method of Payment                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         |                                                                                                                      |             |
| <input type="checkbox"/> Visa<br><input type="checkbox"/> Master Card<br><input type="checkbox"/> AMEX                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Electronic Funds Transfer<br><i>(contact <a href="mailto:janet@cacp.ca">janet@cacp.ca</a> for information)</i> | <input type="checkbox"/> Cheque - Payable to CACP (mail to CACP, 300 Terry Fox Drive, Suite 100, Kanata, ON K2K 0E3) |             |
| Card Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         | Expiry Date:                                                                                                         | CCV Number: |
| Cardholder's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         |                                                                                                                      |             |
| <p>PLEASE SEND YOUR COMPLETED FORM TO: <a href="mailto:janet@cacp.ca">janet@cacp.ca</a></p> <p>All contributions are subject to approval by the CACP. CACP retains the right to refuse a contribution for any reason.</p>                                                                                                                                                                                                                                   |                                                                                                                                         |                                                                                                                      |             |