

# OPA CORPORATE PARTNER APPLICATION FORM

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

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

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

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

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

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

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

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

Fax: \_\_\_\_\_

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

**Please indicate your preference of choice, choosing from one of the options below:**

- |                                                    |                                 |
|----------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Corporate Partner         | \$5,000 + \$250 <sup>GST</sup>  |
| <input type="checkbox"/> Corporate Partner Plus    | \$10,000 + \$500 <sup>GST</sup> |
| <input type="checkbox"/> Corporate Partner Premium | \$15,000 + \$750 <sup>GST</sup> |

**Total:**

## Method of Payment

**Cheque or Money Order enclosed**

(payable to the Ontario Pharmacists' Association,  
375 University Avenue, Suite 800, Toronto, ON M5G 2J5)

Visa/MasterCard: \_\_\_\_\_

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

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

GST Registration # R107800112

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TORONTO, ONTARIO M5G 2J5  
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