

# Savaria (Handicare + Span Medical)

## Contract Summary



Event: BCCPA 47th Annual Conference: Come Together  
 Organization ID: SPO4BI3P93Z64F4QC  
 Contract Export Date: November 9th, 2023

Invoice ID: INV-BCCPA2024-4F4QC  
 Amount Owing: 25,000.00 CAD  
 Payment Due Date: December 31st, 2023

## Sponsor Information

**Savaria (Handicare + Span Medical)**  
 81 Romina Drive  
 Concord, Ontario  
 L4K 4Z9, Canada

**Primary Contact**  
 Will Cruz  
 will.cruz@handicare.com

To edit your profile, submit your payments, add purchases, manage staff, and review event information, please use your sponsor portal.

[Open Sponsor Portal](#)

Product				CAD
Title Sponsorship Package as per RFP				25,000.00
Ticket				CAD
Payments	Date	Confirmation	Status	CAD
Check Payment	September 28th, 2023	PAYB5OZBKIV	Pending	25,000.00
Summary				CAD
Purchase Total				25,000.00
Tax				0.00

Summary	CAD
Total	25,000.00
Fees	0.00
Amount Paid	0.00
Amount Due (Before Any Fees)	25,000.00

- 1."BC Care Providers" as used herein refers to the BC Care Providers Association and its employees and agents.
2. The person(s) authorized to sign on behalf of the proponent and to bind the proponent to the proposal must submit the application.
3. The Sponsor grants BC Care Providers the right to use their intellectual property in promoting the event, including logos and other brand trademarks.
4. If the nature of the purchased sponsorship package must be changed for any reason, BC Care Providers agrees to notify the Sponsor in writing.
5. The purchased sponsorship package is not transferable for any reason. If the Sponsor cannot meet the financial requirements of this agreement, the Sponsor agrees to provide written notification to BC Care Providers by February 1, 2024. If notice is not received, refunds will not be honoured.
6. If the Sponsor is not able to pay the amount of sponsorship in full at the time the sponsorship application is approved; a deposit of 50% of the amount due must be paid by December 31, 2023 and the remainder by March 31st, 2024 unless otherwise agreed to in writing.

Thank you!

**Please make cheques payable to:**

BC Care Providers Association  
 Remit to: 1424-4710 Kingsway  
 Burnaby BC  
 V5H4M2

**Please send EFTs to:**

Bank Account Name: BC CARE PROVIDERS ASSOCIATION  
 Bank Information: TD CANADA TRUST  
 FOUR BENTALL CENTRE  
 1055 DUNSMUIR STREET, P.O. BOX 49390  
 VANCOUVER, B.C. V7X 1P3  
 Account Number: 0910 - 0369151  
 Transit Number: 95120  
 Bank Number: 0 0 4

Please send payment notices to [accounting@bccare.ca](mailto:accounting@bccare.ca)

**GST Registration #106777659**



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