



The 4th Annual ~ Breast Show in Town

www.breastshowintown.com

Friday May 7th & Saturday May 8th, 2010
Elmhurst Inn & Country Spa ~ Ingersoll, Ontario

EXHIBITOR Form & Outline

Friday May 7th, 2010

1:00 pm - 3:30 pm
4:00 pm - 10:00 pm
7:30 pm - 9:30 pm
10:00 pm – 12 am

Schedule

Exhibitor Set-up
Open to our guests
"Drinking and Thinking" with our speakers
Midnight Massage sessions begin

Saturday May 8th, 2010

6:30 am - 7:30 am
6:30 am - 7:30 am
8:00 am – 9:00 am
9:30 am - 10:30 am
11:00 am – 12:00 pm
12:00 pm - 1:30 pm
1:30 pm - 2:00 pm
2:00 pm - 4:00 pm
3:45 pm
4:00 pm

Schedule

Goddess Walk with Cynthia Faubert
Tai Chi with Julie Ritchie
Breakfast in Exhibitor Room
Pat Mussieux - "Building Courage & Confidence"
Key Note Speaker
Lunch
Patricia Kennedy - "Sex, Lies & Menopause"
Afternoon Speakers and sessions
Grand Prize Draw
Check out and tear down

Contact Information:

We are offering an exclusive opportunity to be the only vendor in your industry at the 4th Annual Breast Show in Town! This is a first come first served basis, so book early!

Contact Person(s): _____

Company Name(s): _____

Mailing Address: _____

Email: _____ Website: _____

Business Phone: _____ Cell Phone : _____

Product / Service: _____

Exhibitor Fees & Details:

Details	Fee	GST	Sub-total	# tables	\$ amount
One table - One business	\$199.00	\$9.95	\$208.95		
Goody Bag Sponsor Plus product for 100 bags	\$55.00	\$2.75	\$57.75		

Sub-total _____

5% GST _____

Grand total _____

A receipt will be given that evening.

What will you be offering to the 100 Goody Bags? Must be a product not a coupon.

Description: _____

Exhibitor Space Includes: 6' skirted table, 2 chairs and two tickets for on-site staff

Website recognition - Company name and Link

Company recognition - In on-site printed materials

Does not include: Hydro

Payment method: A 50% deposit is due with the application; a \$40 cancellation fee will apply if cancelled before February 9th, 2010.

Full payment is due by February 10th, 2010. Applications submitted after February 10th, 2010, MUST include full payment and no refunds will be given.

Credit Card - Visa / Mastercard / AMEX _____

Name on Card _____ Expiry Date _____ Security Code _____

Cheque Payable to: Thermography Clinic (London) Inc.

Call for more details: 519-521-4988 **Fax to:** 519-686-0597

Email: mandi.fields@ctv.ca **Mail:** Mandi Fields - 1 Communications Rd, London, ON N6J 4Z1