



The 5th Annual ~ Breast Show in Town
www.breastshowintown.com

Friday April 1st & Saturday April 2nd, 2011
Windermere Manor ~ London, Ontario

EXHIBITOR Form & Outline

Morning Sessions ~ Saturday April 2nd, 2011

Dr. Laura Gravelle ~ Stress without Distress

Susan Morel ~ Women in Transition "A Life by Design, not by Default"

Holly Doty & Mandi Fields ~ The Hits and Misses of Event Management

Afternoon Sessions ~ Saturday April 2nd, 2011

Theresa Carriere ~ Challenge to Triumph

Samira El-Hindi ~ It Feels Good to Give

Allison Graham ~ Finding success regardless of your circumstances...as in Married my Mom, Birthed a Dog.

Contact Information:

We are offering an opportunity to represent your industry at the 5th Annual Breast Show in Town! This is a first come first served basis, so book early! Each industry category will have limited participation.

Contact Person(s): _____

Company Name(s): _____

Mailing Address: _____

Email: _____ Website: _____

Business Phone: _____ Cell Phone : _____

Product / Service: _____

Exhibitor Fees & Details:

Details	Fee	# tables	\$ amount
One table - One business Want 2 people in your booth? Purchase an additional ticket for \$125 and this includes all meals and speakers (excludes overnight accommodation)	\$250.00		
Goody Bag Sponsor Plus product for 100 bags	\$55.00		

Sub-total _____

A receipt will be given that evening.

Grand total _____

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 One ticket for on-site staff (all meals & non-alcoholic beverages provided).

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, 2011.

Full payment is due by February 10th, 2011. Applications submitted after February 10th, 2011, **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