



GLOBAL WORKPLACE
Wellness Summit

Tradeshow Application

Trade show package: \$2500

Organization: _____

Contact Name _____

Contact Title _____

Address _____

Phone _____ Fax _____

Website _____ Email _____

Twitter _____

Exhibitor Listing: We will be including an exhibitor listing in the summit handouts. This two-line listing will include the exhibitor name, website and a brief (10 words maximum) tag line. Please provide your listing and tag.

Exhibit Cost:

Sponsorship \$ _____

Booth (**Power \$105**) \$ _____

Sub-total \$ _____

Total \$ _____

Payment Method:

Visa AMEX Mastercard E-transfer to: summit@interpersonalwellness.com

Credit card #: _____ Exp. Date: _____ CCV: _____

Name: _____ Signature: _____

Address: _____

Payment is expected at time of Reservation.

Phone: 1 877 999- 9591 Fax: 204 667-8845

www.globalworkplacewellnesssummit.com