

## The Wellness Show At-Home 2021 Seminar Application Form

COMPANY NA	ME				
ADDRESS					
CITY / PROVIN	NCE / STATE		POSTAL (	CODE	
CONTACT			TITLE		
PHONE			EMAIL		
WEBSITE			SIGNATU	RE	
Pricing: Pa	ayment will be բ	processed once Vid	eo is approve	ed by Show Staff.	
		oar EXHIBITOR Rate: booked a webpage, yo	*	Exhibitor pricing.	
		ar NON-EXHIBITOR I NOT booked a webpa		GST Day full price for a seminar slot.	
Content: (	Please send: U	SB stick via Mail to	our address	below or via <a href="https://wetransfer.com/">https://wetransfer.com/</a>	
to adminnr	p@telus.net <b>AS</b>	AP)			
Video Title	a:				
Speaker Bio	graphy (Max 40 wo	ords):			
		REQUIRED UPON VIDEO			
		E MAKE CHEQUE PAYAB object to \$15 CAD proces		VE PRODUCTIONS, INC. (IN CANADIAN	
	V	Visa ☐ MasterCa	ırd □ or Cl	heque(s) □	
Name on car	r <b>d:</b>				
Card #:		Expiry Date:			
CVV:					
urn completed ap Vancouver, BC,	pplication form via fa , <b>V7N 4C9</b> . PLEASE KE	EEP A COPY FOR YOUR FI	ILÉS. APPLICATIO	E PRODUCTIONS INC., 4252 Madeley Rd, No DNS THAT ARE SUBMITTED WITHOUT THE OKING CAN NOT BE ASSIGNED.	
OFFICE USE ONLY					
	Accepted By	Date Received	 Booth#	Product/Service	