

2009 Florida Snowbird Extravaganza SHOW GUIDE BOOKING FORM



The Lakeland Center, Lakeland, Florida • Tuesday and Wednesday January 27 and 28, 2009

Company Name: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip: _____

Telephone: () _____ Fax: () _____

Contact Person: _____ E-mail: _____

Website: _____ Medipac Representative: _____

Full Page \$870 USD/CAD

8.375" wide x 10.875" tall



Half Page \$590 USD/CAD

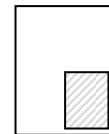
3.625" wide x 9.75" tall (vertical)

7.5" wide x 4.75" deep (horizontal)



Quarter Page \$390 USD/CAD

3.625" wide x 4.75" tall



Advertisement Cost: \$ _____

7% County Tax: \$ _____

Total: \$ _____

Deposit 20% (Due Now): \$ _____

Balance due December 14, 2008: \$ _____

Authorized Representative: _____

Signature: _____ Date: _____

Make cheques payable to:
Medipac (US) International Inc.
180 Lesmill Rd
Toronto, ON, Canada M3B 2T5
(416) 441-7028 or 1-800-326-9560

Fax To: (416) 441-7067 or (416) 441-7010