

2011 Florida Snowbird Extravaganza REGISTRATION FORM



The Lakeland Center, Lakeland, Florida • Tuesday and Wednesday, January 25 and 26, 2011

Company Name: _____

Show Guide Listing Name: _____



Address: _____

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

Telephone: () _____ Fax: () _____

Contact Person: _____ E-mail: _____

Website: _____ Medipac Representative: _____

- | | | |
|---|-------------------------|--|
| <input type="checkbox"/> SINGLE BOOTH (10'x10') | \$1,349 USD/\$1,689 CAD |  |
| <input type="checkbox"/> DOUBLE BOOTH (10'x20') | \$2,499 USD/\$3,125 CAD |  |
| <input type="checkbox"/> TRIPLE BOOTH (10'x30') | \$3,499 USD/\$4,375 CAD |  |

Total Booth Cost \$ _____
County Tax @ 7%: \$ _____
Total: \$ _____
Deposit 20% (Due Now): \$ _____
Balance due December 15, 2010: \$ _____

<p align="center">BOOTH LOCATION</p> Preferred location: _____ Second choice: _____ Third choice: _____ <p align="center"><i>Depending upon availability</i></p>
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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
All deposits are non-refundable • Sharing of booths is prohibited

Please provide a description of the products and services to be represented at the show: _____

If you would like to contribute a door prize, a form will be included in your Exhibitor Manual, which will be sent to the address above in early December.

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