

SHOW BAG INSERT BOOKING FORM



Company Name: _____

Address: _____

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

Telephone: () _____ Fax: () _____

Contact Person: _____ E-mail: _____

Website: _____ Medipac Representative: _____

Quantity:..... 5,000
(You can insert less than 5,000 however the price remains the same)

Cost (Non-Sponsor):..... \$1,500 CAD/\$1,200 USD

Total Cost: \$ _____

GST @ 5%: \$ _____

Total: \$ _____

Deposit 20% (Due Now): \$ _____

Balance due August 31, 2010: \$ _____

Authorized Representative: _____

Signature: _____ Date: _____

Make cheques payable to:

Medipac International Communications, Inc.
180 Lesmill Rd, Toronto, ON, Canada M3B 2T5
(416) 441-7028 or 1-800-326-9560

Ship materials to:

Location and deadline to be confirmed

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