

# Show Guide Ad Booking Form



Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_ Medipac Representative: \_\_\_\_\_

**Full Page            \$1,500 CAD/\$1,200 USD**  
 6.5" wide x 8.5" tall



Advertisement Cost:            \$ \_\_\_\_\_

GST @ 5%:                        \$ \_\_\_\_\_

Total:                             \$ \_\_\_\_\_

**Deposit 20% (Due Upon Signing):** \$ \_\_\_\_\_

Balance due August 31, 2010:    \$ \_\_\_\_\_

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

**Authorized Representative:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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