

2<sup>nd</sup> Annual Peterborough Wellness Expo  
Sat. May 23, 2009

CALENDAR OF EVENTS LISTING FORM

Please include this event in the quarterly newsletter.

Company \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Event Name: \_\_\_\_\_

Sponsor of Event: \_\_\_\_\_ Place of Event: \_\_\_\_\_

Contact Name & Phone: \_\_\_\_\_

PLEASE PRINT YOUR LISTING HERE OR ATTACH TYPED COPY  
(max. 3 lines, 30 characters per line - \$10. Per line - free for Wellness Expo Exhibitors)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAYMENT BY PAYPAL

Make a copy of this agreement as your receipt.

Contact Information - Phone: 705-745-2154 Email: [Linda.Devine@gmail.com](mailto:Linda.Devine@gmail.com)