



Application Form

Eastern Health Display Booth

Health Sciences Centre

- Please complete each field and submit the application form to: displaybooth@easternhealth.ca
- All fields are mandatory. Incomplete application forms will be discarded.
- Please allow ten (10) business days for your application form to be reviewed and for the coordinator to contact you.
- Solicitation and sales of merchandise and/or services are not permitted. Please refer to complete list of rules and regulations.

Date of Application:	
Organization/Department/Program Name:	
Organization/Department/Program Function:	
Organization/Department/Program Contact Name:	
Organization/Department/Program Phone Number:	
Complete Mailing Address:	
Authorized Representative/Contact Staffing the Booth:	Name:
	Title:
	Phone Number:
	Email Address:
Purpose of Display:	
Signage/Information to be used:	
Date(s) Requested:	
I have read and agree to the terms of reference outlining rules and regulations:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	