

Advertiser Information

Company Name: _____

Address: _____

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

Telephone: _____ Fax: _____

Contact Name: _____ Email: _____

Website: _____ Medipac Representative: **Fran Castricone**

Show Guide ad booking

	Participation	Price	Ad size 6.5" wide x 8.5" tall (add 1/8" bleed) Provide print-quality pdf (300 dpi) E-mail artwork directly to: peter@medipac.com and fran@medipac.com Artwork due August 2, 2025
<input type="checkbox"/>	Full Page ad	\$1,500 CAD/ \$1,200 USD	

Flyer Distribution booking

	Participation	Price	Ship flyers to: Medipac International Communications Inc: 180 Lesmill Road Toronto ON M3B 2T5 Attention: Paula McGovern, Director of Operations Deliver by: September 3, 2025
<input type="checkbox"/>	Distribution of 500 flyers	\$1,500 CAD/ \$1,200 USD per event	

Payment Information

Total cost:	\$
HST @ 13% (if applicable)	\$
Total owing:	\$
Deposit 20% (Due Now):	\$
Balance due July 15, 2025	\$

All deposits are non-refundable.

☐ I/We hereby apply for exhibit space. If accepted, I/We agree to abide by Medipac (US) International's Show Rules and Regulations.

Name of Authorized Representative: _____

Signature: _____ Date: _____

PAYMENT OPTIONS: ☐ VISA ☐ MASTERCARD ☐ CHEQUE (make payable to Medipac (US) International Inc.)

NOTE: We are unable to process "Visa debit" or "Mastercard debit" cards.

CREDIT CARD # _____ CVV# _____ EXPIRY DATE ____ / ____

CARDHOLDER NAME: _____ SIGNATURE: _____

Email, Fax or Mail your completed form and payment to: Medipac (US) International Inc., 180 Lesmill Rd, Toronto, ON, Canada M3B 2T5
phone: 800-326-9560 • **fax:** (416) 441-7010 • **E-mail:** marketing@medipac.com