

The Body Soul & Spirit Expo offers a limited number eight 2 hour premium workshops spaces in a private well equipped self-contained meeting room located in the Grey Eagle Hotel. Your workshop (if accepted) is promoted in the expos show guide insert and / or Body Soul & Spirit Magazine. We also provide a registration page, email blasts, social media and web promotions. We also offer Joint Venture workshops for more established presentors. These recieve additional promotion such as inclusion in newspaper, magazine, television and other media. For more detials, give us a call.

**➔ Step One: General Information**

First Name: _____		Last Name: _____	
Company: _____			
Address: _____		City: _____	Prov.: _____ Zip: _____
Phone: _____	Fax: _____	E-mail: _____	

**➔ Step Two: Workshop Description (included in Program Guide and On-line Promotion)**

Workshop Title: _____	<p><b>Workshop Fee</b></p> <input type="checkbox"/> 2 Hr Workshop \$250 <input type="checkbox"/> Additional Words ____ (\$1 per wd) <p style="text-align: center;"><b>Total:</b> _____</p> <p style="text-align: center;"><b>Deadline: 30 Days Prior</b></p>
Presentor(s): _____	
Description: _____	
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Preferred Day: _____	Price: _____
<small>Instructions: Your fee includes online pormotion on workshop schedule, the main lecture page, and an on-line listing of 320 Characters (including spaces) or apx. 60 words, and 7 lines in the program guide. You may also include a small photo for an additional \$12.00. More words can be added to your description at a cost of \$1.00 per Word. Please use the "Workshop Fee" box above to calculate your total lecture and program guide fees. (photo's may be e-mailed to our office) Workshop Room holds 30 particapants theatre style. Large spaces are available if your workshop registration exceeds this number for an aditional cost! All additional equipment must be brought by the speaker / presenter, or prearranged through the venues audio / visual supplier. (See Page 10)</small>	

**Payment Method:**  Visa  Master Card  Amex  Cheque

Card No.

Expiry:   /

Month                  Year

**Name as it appears on Card:** \_\_\_\_\_

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

**Fax this form to Fax this form to 1-877-560-6832**