



Stage Registration Form

Company N	Name:			
Contact Name:				
Tel.#:		Fax#:		
E mail:				
Mailing Ad	dress:			
Stage Choice: Main Stage Makeover/Lifestyle Stage Chef's Kitchen Stage (Circle your choice of stage)				Kitchen Stage
Title of Pre	sentation:			
Brief Descr	iption of Presentatio	on:		
	are scheduled on a first cances are typically 15-30 n	•	We will try to accomr	nodate all requests.
	Available Stage Hours	1 st Time Choice	2 nd Time Choice	3 rd Time Choice
Saturday	10:30 to 5:30			
Sunday	11:30 to 4:30			

Email completed form to: Or FAX completed form to: bdonnell@womenslivingexpo.com 203-259-3354