



Stage Registration Form

Company Name: _____

Contact Name: _____

Tel.#: _____ Fax#: _____

E mail: _____

Mailing Address: _____

(Circle your choice of stage)

Stage Choice: **Main Stage** - **Chef's Kitchen Stage**

Title of Presentation: _____

Brief Description of Presentation: _____

Presentations are scheduled on a first come, first served basis. We will try to accommodate all requests. Stage appearances are typically 15-30 minute time blocks.

Times You Prefer:

	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:
bdonnell@womenslivingexpo.com

Or FAX completed form to:
203-259-3354