

PERSONAL SERVICES AT TRADE SHOWS

Name of Event _____
 Date(s) & Time _____ Booth # _____
 Location of Event _____
 Address _____
 Event Organizer _____ Phone Number _____

Name of Applicant _____
 Title of Applicant _____
 Contact Phone Number _____ Email _____
 Will you be present at the booth? Yes No
 If NO, who is responsible? _____ Phone number _____

Description of services offered at booth:

List of equipment used and safety precautions

Equipment used	Method of cleaning/sanitizing	Safety precautions

Description of hand washing facilities for your booth:

List of sanitizing solutions for surfaces and equipment used (name the active ingredient):

List of disinfectant solutions used for blood and bodily fluids (name the active ingredient):

Signature _____

Date _____

PLEASE FAX COMPLETED FORM TO: 604-736-8651

ATTENTION: JOANNE LUM