

Oct. 6 & 7, 2018 York Expo Center York, PA

Stage Feature Information

Please print clearly or type. FAX completed form to 717-637-9006 or MAIL to: Women's Show, c/o Brooke Wilson, 275 Radio Road, Hanover, PA 17331.

COMPANY/ORGANIZATION NAME:

CONTACT PERSON:

ADDRESS:

PHONE/FAX: EMAIL:

PERFORMANCE INFORMATION

| PERFORMER'S NAME/GROUP: . | | | | |
|------------------------------|-------------|------------------------|---------------------|----------|
| PERFORMANCE TITLE: | | | | |
| PREFERRED TIME: (CIRCLE ONE) | SAT AM | SAT PM | SUN | |
| DESCRIPTION OF PERFORMAN | CE/DEMONSTR | ATION (will be used fo | or Women's Show pub | licity): |

BACKGROUND/CREDENTIALS OF PRESENTER OR GROUP:

SOUND REQUIREMENTS:

If you have any questions about this form, please contact Brooke Wilson, Marketing & Events Coordinator, at 717-637-3831.