

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.