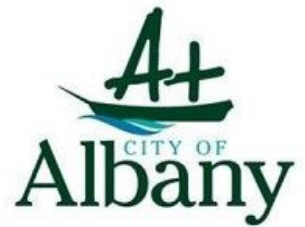


**Expression of Interest
 Stallholder – Women’s Health Forum
 Wednesday 6 September 2017
 Town Square**



Business Name	
Contact Name	
Contact Number	
Description of Product/Service	
Type of stall requested	Static display Demonstration Public group activity Presentation Other: _____
Size of static stall required (if applicable)	Small Medium Large
Infrastructure to be erected?	Yes No Details: _____
Power required?	Yes No
Will you be serving food at the event?	Yes No If yes, please be aware that you need to be a licenced vendor to serve food at this event
Other special requirements:	