

AGENT INFORMATION	
Agent Name:	Contact Person:
Telephone Number:	Email Address:
OVERVIEW OF EVENT PROGRAM	
Promotional Turn Program Name:	
Please provide a brief description of the event(s):	
Brand Ambassador Presenting:	
List all on-site staff and roles:	
Product(s):	LCBO #: Name:
	LCBO #: Name:
	LCBO #: Name:
Proposed Stores <input type="checkbox"/> 38 <input type="checkbox"/> 149 <input type="checkbox"/> 164 <input type="checkbox"/> 217 <input type="checkbox"/> 355 <input type="checkbox"/> 452 <input type="checkbox"/> 486	
Preferred Dates	
Promotion Integration (choose all applicable)	
<input type="checkbox"/> New product	Specify:
<input type="checkbox"/> Brand Spotlight	Specify:
<input type="checkbox"/> Support Program	Specify:
<input type="checkbox"/> Advertising	Specify:
<input type="checkbox"/> Tactical (e.g. Father's Day)	Specify:
<input type="checkbox"/> Other	Specify:
COMPONENTS	
Food Match: Please provide details (Note: An elevated food match is required)	
Signage/Branding: The bar area can accommodate limited signage and propping. Please indicate items included in your planned execution:	
3'x6' Floor Banner (max. 1)	Other
12"x15" Easel-back counter sign (max. 2)	Details:
Glassware: ISO glasses are provided. Do you intend to provide your own glassware? No Yes	
Details:	
CUSTOMER JOURNEY (required)	
Provide a detailed description of the consumer experience	

* All staff must complete AODA training.