

## **In-Store Activation Application Form**

AGENT INFORMATION	
Agent Name:	Contact Person:
Telephone Number:	Email Address:
OVERVIEW OF EVENT PROGRAM	
Promotional Turn Program Name:	
Product(s): LCBO #: Nan	ne:
LCBO #: Nan	ne:
LCBO #: Nan	ne:
Proposed Stores	
Preferred Dates  Described by the section (also see all section)	
Promotion Integration (choose all applicable)  New product  LCBO Release Date:	
☐ Brand Spotlight Speci	
☐ Support Program Speci	
☐ Advertising Speci	
☐ Tactical (e.g. Father's Day) Speci	
☐ Other Speci	fy:
Is this a bottle signing event?	s 🔲 No If yes, name of Principal
DETAILS	
Provide specific details regarding event set u	ıp.
List of components with specifications for each	ch (i.e. size, substrate, etc.)
Total floor space required:	
Total floor space required:	
Attach photo or mock-up of set up:	
Attach photo or mock-up of set up:  Will your event include:  Food Match	Description
Attach photo or mock-up of set up:  Will your event include:  Food Match Themed attire	Description
Attach photo or mock-up of set up:  Will your event include:  Food Match Themed attire Recorded or live music	Description Description
Attach photo or mock-up of set up:  Will your event include:  Food Match Themed attire Recorded or live music Entertainment (e.g dancers)	Description Description
Attach photo or mock-up of set up:  Will your event include:  Food Match Themed attire Recorded or live music Entertainment (e.g dancers) Photography/Videography	Description Description Description Description
Attach photo or mock-up of set up:  Will your event include:  Food Match Themed attire Recorded or live music Entertainment (e.g dancers)	Description Description Description Description Contact Name:
Attach photo or mock-up of set up:  Will your event include:  Food Match Themed attire Recorded or live music Entertainment (e.g dancers) Photography/Videography 3rd Party Demonstrator/Event Support	Description Description Description Description
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<sup>\*</sup> All staff must complete AODA training.