

Enhanced Activations

AGENT INFORMATION	
Agent Name:	Contact Person:
Telephone Number:	Email Address:
OVERVIEW OF EVENT PROGRAM	
Promotional Turn Program Name:	
Product(s): LCBO #: Nan	ue:
LCBO #: Nan	
LCBO #: Nan	ne:
Proposed Stores	
Preferred Dates	
Promotion Integration (choose all applicable)	
· ·	Release Date:
☐ Brand Spotlight Speci☐ Support Program Speci☐ Support Program	
☐ Support Program Speci☐ Advertising Speci	
☐ Tactical (e.g. Father's Day)	
☐ Other Speci	
Is this a bottle signing event?	s 🔲 No If yes, name of Principal
DETAILS	
Provide specific details regarding event set u	ip.
List of components with specifications for each (i.e. size, substrate, etc.)	
Total floor space required:	
Attach photo or mock-up of set up:	
Will your event include:	
Food Match	Description
☐ Themed attire	Description
Recorded or live music	Description
☐ Entertainment (e.g dancers) ☐ Photography/Videography	Description
☐ 3 rd Party Demonstrator/Event Support	Description Contact Name:
and any bemonstrator/Event Support	Company:
PRE-PROMOTIONAL PLANS	
Please include any Social Media plans as well as in-store signage requests	
CUSTOMER JOURNEY (required)	
Provide a detailed description of the consumer experience	

^{*} All staff must complete AODA training.