



Staff Request

First Name: _____

Last Name: _____

Title: _____

Company Name: _____

Email: _____

Address 1: _____

Address 2: _____

City: _____

State/Prov: _____ Zip/Postal Code: _____

Office: _____ Ext: _____ Mobile: _____

Event Name / Project: _____

Venue: _____ Booth Number: _____

All staff have completed COVID Safety Ambassador™ Training, are compliant with provincial public health regulations and dmg All Secure policies.

Qty: Requirements:

___ Spokesperson (required to present and speak into a microphone)

___ Lifestyle Booth Assistant (photos not provided)

___ Concierge

___ Other (please specify): _____

Dates / Times Required (be sure to include training and orientation if required):

1. Date: _____ Hours: _____

2. Date: _____ Hours: _____

3. Date: _____ Hours: _____

4. Date: _____ Hours: _____

5. Date: _____ Hours: _____

6. Additional: _____

Contact 604-984-0352

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