



To Whom It May Concern:

This is to officially delegate the below individual as the Regulated Health Professional working my booth at the Toronto National Women's Show happening on November 21-23, 2025, at the Metro Toronto Convention Centre.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Exhibitor Company Name: \_\_\_\_\_

Booth Number: \_\_\_\_\_

Services to be rendered in my booth: \_\_\_\_\_

\_\_\_\_\_

**Event Details:**

The National Women's Show

**Location:**

Metro Toronto Convention Centre  
South Building - Hall D & E  
222 Bremner Blvd.  
Toronto, Ontario M5V 2W6

**Dates & Hours of the show:**

Friday, November 21, 2025 | 10:00 am – 7:00 pm  
Saturday, November 22, 2025 | 10:00 am – 6:00 pm  
Sunday, November 23, 2025 | 10:00 am – 5:00 pm

We agree that we are responsible for keeping records and following the protocols set by Toronto Public Health and all governing bodies in relation to the services being rendered.

Sincerely,

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Certification: \_\_\_\_\_

Date: \_\_\_\_\_