



## APPLICATION TO EXHIBIT - 2018

Vendor registration closes: SEP 30/18

Sign and return completed form to  
Email: familywellnessdayexpo@gmail.com  
Fax: 1.866.317.5773  
Remit pymt via e-Transfer, PayPal, credit card or cheque

Mailing address:

### FAMILY WELLNESS DAY EXPO

EVENT DATE: Saturday, November 3, 2018  
10am-5pm at Northumberland Mall, Cobourg, ON

### FAMILY WELLNESS DAY EXPO

376 9th Murray Road, Frankford, ON K0K 2C0

Tel: 1.800.643.7784

#### GENERAL INFORMATION

Company Name					
Mailing address					
City	Prov	Postal code			
Telephone	Cell	Fax			
Email	Website				
Contact name					

DESCRIPTION OF PRODUCT(S) OR SERVICES) THAT WE BE ON DISPLAY. Please outline NEW or INTERESTING products that will be available at your booth (We may use this information in media releases, please outline uses and benefits)

What is your average price point?		Do you have a retail outlet?	

#### ARE YOU HAVING A DRAW OR GIVEAWAY AT YOUR BOOTH?

Circle one	YES	NO	IF YES, draw item description:
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#### HOW MANY STAFF, INCLUDING YOURSELF, WILL YOU HAVE TO MAN YOUR BOOTH AT THE SHOW?

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#### REGULAR RATES + tax

Approx. booth size	Table Size	Rate	tax	Total
8' x 8'	6' Table	\$ 100.00	\$ 13.00	\$ 113.00

BOOTH RATE: \_\_\_\_\_

Bring your own table (\$25 discount) \_\_\_\_\_

Hydro \$0.00

Subtotal \_\_\_\_\_

Plus HST (13%) \_\_\_\_\_

TOTAL \_\_\_\_\_

Booth space includes table with 2 chairs, NO linens

NOTE: Electricity is available at no charge, first come, first serve and MUST be requested

Please select one of the following payment options:

☐ CREDIT CARD PAYMENT

Please charge my

☐ VISA

☐ MASTERCARD

Name of Card \_\_\_\_\_ Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CSV: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

☐ CHEQUE - PAYABLE TO FAMILY WELLNESS DAY EXPO

☐ PAYPAL OR e-TRANSFER - SEND TO: FAMILYWELLNESSDAYEXPO@GMAIL.COM

By signing this contract, I have read and agree to the Exhibitor Contract Terms and Conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

Payment Amt	Date Paid	Seminar	Booth number
AD recvd	Promo insert recvd	Date invoice emailed	Safety/Media form