APPLICATION TO EXHIBIT - 2018

Vendor registration closes: AUG 15/18

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, September 22, 2018
10am-5pm at Ramada Inn London, Ontario

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:*

HOW MANY STAFF, INCLUDING YOURSELF, WILL YOU HAVE TO MAN YOUR BOOTH AT THE SHOW?

REGULAR RATES + tax

Approx. booth size	Table Size	Rate	tax	Total
8' x 8'	6' Table	$ 100.00	$13.00	$113.00
8' x 10'	8' Table	$ 125.00	$16.25	$141.25
8' x 16'	6' + 8' Table	$175.00	$22.75	$197.75
8' x 18'	Two 8' Tables	$200.00	$26.00	$226.00

Booth space includes table, white linens and skirting with 2 chairs
NOTE: Electricity is available at no charge, first come, first serve and MUST be requested

BOOTH RATE: _____
Bring your own table ($25 discount) _____
Hydro _____ $0.00
Subtotal _____
Plus HST (13%) _____
TOTAL _____

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**