



## APPLICATION TO EXHIBIT - 2018

Vendor registration closes: APR 15/18

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

**FAMILY WELLNESS DAY EXPO**  
**EVENT DATE: Saturday, May 5, 2018**  
**10am-5pm at Ramada Inn Trenton, Ontario**

**Mailing address:**  
**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?	
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**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?**

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

**BOOTH RATE:** \_\_\_\_\_  
 Bring your own table (\$25 discount)

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

	Hydro YES or NO	\$0.00
	Subtotal	
	Plus HST (13%)	
	<b>TOTAL</b>	

*Booth space includes table, white linens and skirting with 2 chairs*

**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		