



VENDOR REGISTRATION FORM

EXPO AUGUST 17, 2017

10:00 am - 3:00 pm

Set Up 9:00 am

TENT IS PROVIDED

YES! I would like to participate.

Name of Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Registration Checklist:

* Vendor Fee \$60.00 (Includes one 6 foot table and two chairs as well as hot dog lunch)

* Make checks payable to "**Lowell Community Wellness**".

* Vendors are expected to be present at their tables for the duration of the Health and Fitness Expo.

_____ **I will require an extra table for my booth**
(\$10.00 for each additional table)

_____ **I will require electricity for my booth (you will need to provide heavy duty extension cord)**

_____ **I will be providing a health screening opportunity**

Vision	Massage
Hearing	Blood Pressure
Balance	Fitness
Other (please list)	_____

I will provide a donation of a Door Prize for the event? YES or NO (Please circle one)

Description of donation _____

Please return completed registration form and fee to:

Lowell Community Wellness
Attn: 2017 Health Expo
P.O. Box 246
Lowell, MI 49331

PLEASE RETURN BY JULY 31, 2017

Questions regarding the event call Rose Hollinshead: 616-550-3021

Email: rosemaryhollinshead@yahoo.com