



VENDOR REGISTRATION FORM

EXPO AUGUST 16, 2018

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)

*** Non Profit \$30.00** * 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: 2018 Health Expo
P.O. Box 246
Lowell, MI 49331

PLEASE RETURN BY JULY 30, 2018

Questions regarding the event call Rose Hollinshead: 616-550-3021
Email: rosemaryhollinshead@yahoo.com