

2010 Total Health Fair Exhibitor Registration Contract

Please complete, print clearly, and send this form with your payment.

Company Name (as to appear in brochure): _____

Contact(s): _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

List products or services to be exhibited. (Be complete, use additional page if needed. You are limited to the items listed.) _____

Booth Request:

Booth # _____

Booth Price: \$500 per 10X10 \$500

Will you need Electricity? YES NO

Sponsorship = \$ _____

Late Fee:

Payment received after 11/30/09 = \$100

GRAND TOTAL DUE= _____

Check # _____

VISA AMEX MASTERCARD

Credit Card #: _____

Exp. Date: _____

CCV# (3 digits on back of card): _____

Billing Zip Code: _____

Name on Card: _____

Signature: _____

I have read this contract and the exhibitor's packet in their entirety and agree to abide by all of the rules and regulations.

Signature: _____

Date: _____

Total Health Fair 10X10 Booth Space:

10X10 Trade Show Space ~ 1 Table, 2 Chairs

Booth Assignments and Reservation Policy

All businesses are screened by Total Health Fair for healthy business practices. Booth locations are assigned on a first come, first serve basis. Every attempt will be made to accommodate requests. Booth requests cannot be guaranteed until Exhibitor Contract is received with full payment. Total Health Fair reserves the right to make necessary changes to the floorplan and booth relocations. Exhibitors/Sponsors based on established guidelines.

Payment policy:

- ☞ Make check payable to Total Life Care
- ☞ Credit cards will be processed by Total Life Care
- ☞ Payment in full is due with contract to secure your booth space
- ☞ Payments received after 11/30/09 will incur a \$100 convenience charge

Cancellations:

- ☞ Notice of cancellation must be in writing
- ☞ Notice received by December 1, 2009: 50% of booth price refunded
- ☞ No refund after December 1, 2009.

Payment Address and Contact Information:

Total Health Fair
825 Wappoo Road, Charleston, SC 29407
(p) 843.402.0310 (f) 843.402.9819
www.CharlestonHealthFair.com
TotalHealthFair@bellsouth.net

