

## 2011 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: \$400 per 8X8 \$400

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

Will you need Electricity? YES NO

Pre-registration Discount

☞ Register until 6/1/2010

= 10% discount \_\_\_\_\_

**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 Booth Space:**

Trade Show Space ~ 1 Table, 2 Chairs (no linens)

### **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 11/30/10 will incur a \$100 convenience charge

### **Cancellations:**

- ☞ Notice of cancellation must be in writing
- ☞ Notice received by January 1, 2011: 50% of booth price refunded
- ☞ No refund after January 1, 2011.

### **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

