



October 7 and 8, 2017

Business Name _____

(Please write your Business Name as you would want it to appear on any event
Related materials)

Contact Name _____

Phone Number (include area code) _____

Preferred Booth Number _____ (we will try to accommodate) Size _____

* If you are sharing a Booth, please indicate with whom you are sharing _____

Each Vendor must submit their own Contract.

Vendor Information

Mailing Address _____

City _____ State _____ ZIP _____

Email Address _____

Products / Services Offered _____

Presentation Proposal

Please include on back of this sheet or separate sheet, the proposal for your 45 minute presentation. You will be notified closer to the expo, if accepted. We have a limited number of time slots available.

No Fee Will Be charged to you, nor can you charge a fee to the attendees.

Fee Total *See Fee and Payment Schedule Attached*****

\$50.00 Non - Refundable Deposit Required to Reserve Space

Make checks payable to "Alta View Wellness Center"

4814 Jonestown Rd., Harrisburg, PA 17109

| | | |
|----------------------|----------|--|
| Booth Rental | \$ _____ | One Vendor |
| Shared | \$ _____ | Two Vendors (indicate your portion of fee) |
| Electric Fee \$25.00 | \$ _____ | |
| TOTAL DUE | \$ _____ | |

Signature _____ Date _____

Signing indicates that you have read the event rules and are in agreement

Important price and payment information please **Read Carefully:**

Fee for 10X8 booth is \$300.00 * Booth Share is \$185 each vendor

Fee for 15X8 booth is \$500.00 * Booth Share is \$275 each vendor

Booth payment plan for your convenience is as follows:

You can choose any of the following options:

~Current Vendor (2016 Vendor) Pay a \$50.00 deposit at the 2016 Event and receive a \$25.00 discount on a full booth price for 2017 Event. AT EVENT ONLY--- NO EXCEPTIONS.

(Booth Share receives a \$20.00 discount per vendor, on a booth share for 2017.)

At Event ONLY.** NO EXCEPTIONS!*******

Payment Options for New and Existing Vendors

~Pay in full with registration

~Pay over a seven month period from 1-15-2017 to 7-15-2017

First payment due: 1-15-2017

Second payment due: 4-15-2017

Third payment due: 7-15-2017

Follow this payment plan. If you do not pay the installments, your booth will not be held.

Note if you are beginning to make payments after the second payment date, you are to pay ½ of the total due. Balance will be due 7-15-2017

If you are beginning to make payments after the third payment date, you are to pay ¾ of the total. Balance will be due by 9-15-2017

REFUNDS:

\$50.00 Deposit/process fee is **non-refundable**, this is included in booth fee.

After 4-15-2016 Payment less \$175.00 10x8, or less \$200 15X8

After 6-15-2016 Payment less \$250.00 10x8, or less \$250 15X8

After 8-15-2016 **NO REFUND, NO EXCEPTIONS**

STOP

*******Do Not Write On This Page*******

FOR OFFICE USE ONLY ~ Mail in with Contract

Vendor Name _____

Vendor Space Number _____

Payment in Full \$ _____ Date _____ Check # _____
Pay as soon as possible

Payment 1 \$ _____ Date _____ Check # _____
Due by 1-15-2017

Payment 2 \$ _____ Date _____ Check # _____
Due by 4-15-2017

Payment 3 \$ _____ Date _____ Check # _____
Due by 7-15-2017

Need Electric Y/ N

Special Request

Presenter/Workshop
