

## southern illinois wellness EXPO

700 Logan College Drive, Carterville, IL 62918
E) info@southernillinoiswellness.com
P) 618.985.2828 ext. 8604/8469 F) 618.985.5549

## 2020 APPLICATION FOR EXHIBIT SPACE/Due March 1, 2020

Business/Organization In	formation (Please print clearly)		
Business Name			
City		State ZII	P
	Fax		
Website			
	Profit 501(c)3? – Yes or No	1	
	e (to receive all future exhibit correspondence		
Fmail			
Product/Service Category			
Back Care and Spa Community	oice category that best describes your comp  Eco-Friendly Living Healthcard Food Kids	Physical Activity Rugged Fitness	Travel
What products/services wi	ll you display? (Be specific)		
What products/services wi	II you sell? (Be specific)		
	raged to create an engaging experience for		
engage participants or wha	at raffle item you will offer at your exhibit sp	ace:	
Exhibit Space Information	n		
Exhibit fee:	\$175.00	Exhibit Fee Includes:	
Non-Profit:	\$75.00	<ul> <li>8'x10' Space</li> </ul>	
Additional Space/Table:	\$50.00	<ul> <li>One 8' Table, 2 chairs</li> </ul>	
Electricity? (please bring y	your own extension cord/power strip)	• Wi-Fi	
Yes or No?		<ul> <li>Maximum of four personn</li> </ul>	•
165 01 110.		Up to 4 adult Expo tickets	
Agreement			
submission of the applicati	hibit space at the Southern Illinois Wellness on does not guarantee acceptance until app e participation to any exhibitor for any reaso	roved by Southern Illinois Wellness. S	Southern Illinois Wellne
Signature	Title		Date
Payment Information		Payment Summary	
Full payment must accompany application OR		Exhibit fee	\$
request invoice below. All payments must be		Add'l table	\$
received by 3/1/19. Make checks payable to Southern		Add'l Adult Tickets (\$5 each)	Ş
	t'I credit card professing fee will apply.		
American Express Discover Mastercard VISA		TOTAL	\$
Credit card #	Exp. date		
Cardholder's name (print)_			
(\$2.48 for Non-Profit/\$5.3	8 For Profit)		
Please send invoice	e for payment		