



southern illinois wellness EXPO

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2018 APPLICATION FOR EXHIBIT SPACE/Due February 16, 2018

Business/Organization Information (Please print clearly)

Business Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____
Website _____
Is your organization a Non-Profit 501(c)3? – Yes or No _____
Expo Contact Person Name (to receive all future exhibit correspondence) _____
Title _____
Email _____

Product/Service Category

Please indicate 1st & 2nd choice category that best describes your company/services/products.

Back Care and Spa _____ Eco-Friendly Living _____ Healthcare _____ Physical Activity _____ Teen _____
Community _____ Food _____ Kids _____ Rugged Fitness _____ Travel _____

What products/services will you display? (Be specific) _____

What products/services will you sell? (Be specific) _____

Exhibitors are highly encouraged to create an engaging experience for participants or offer a raffle. Please tell us how you will engage participants or what raffle item you will offer at your exhibit space: _____

Exhibit Space Information

Exhibit fee: \$150.00
Non-Profit: \$75.00
Additional Space/Table: \$50.00

All exhibitors must pay a \$20 refundable fee, which will be returned after the Expo provided your exhibits remain intact until 2pm. No exhibits may be packed up or removed before that time.

Exhibit Fee Includes:

- 8'x10' Space
- One 8' Table, 2 chairs
- Wi-Fi
- Maximum of four personnel per 8'x10' space
- Up to 4 adult Expo tickets

Agreement

We hereby apply for an exhibit space at the Southern Illinois Wellness Expo to be held on March 24, 2018. We understand that the submission of the application does not guarantee acceptance until approved by Southern Illinois Wellness. Southern Illinois Wellness reserves the right to refuse participation to any exhibitor for any reason.

Signature _____ Title _____ Date _____

Payment Information

Payment Summary

Full payment must accompany application OR request invoice below. **All payments must be received by 2/16/18.** Make checks payable to Southern Illinois Wellness Expo.

American Express Discover Mastercard VISA
Credit card # _____ Exp. date _____
Cardholder's name (print) _____

Exhibit fee \$ _____
Add'l table \$ _____
Refundable Fee \$ 20.00
Add'l Adult Tickets (\$10 each) \$ _____
TOTAL \$ _____

Please send invoice for payment