



# southern illinois wellness EXPO

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## 2019 APPLICATION FOR EXHIBIT SPACE/Due March 1, 2019

### 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 1<sup>st</sup> & 2<sup>nd</sup> 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: \$175.00  
Non-Profit: \$75.00  
Additional Space/Table: \$50.00

**Electricity? (please bring your own extension cord/power strip)**

Yes or No?

#### 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 23, 2019. 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. **Southern Illinois Wellness will not be offering refunds.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### Payment Information Payment Summary

Full payment must accompany application OR request invoice below. **All payments must be received by 3/1/19.** 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 \$ \_\_\_\_\_  
Add'l Adult Tickets (\$10 each) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Please send invoice for payment