



2023 APPLICATION FOR EXHIBIT SPACE/Due March 1, 2023

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: \$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

Agreement

We hereby apply for an exhibit space at the Southern Illinois Wellness Expo to be held on March 25, 2023. 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 3/1/23. Make checks payable to Southern Illinois Wellness Expo. Add'l credit card processing fee will apply.

American Express Discover Mastercard VISA

Credit card # _____ Exp. date _____

Cardholder's name (print) _____

(approx. \$2.48 for Non-Profit/\$5.38 For Profit based on current Stripe fees)

Please send invoice for payment

Exhibit fee \$ _____

Add'l table \$ _____

TOTAL \$ _____