



## October 5 and 6, 2024

Business Name \_\_\_\_\_  
(Please write your Business Name as you want it to appear on any event related materials)  
Contact Name \_\_\_\_\_  
Website Address \_\_\_\_\_  
Phone Number (include area code) \_\_\_\_\_

Preferred Booth Number \_\_\_\_\_ (we try to accommodate) Size \_\_\_\_\_  
\* If you are sharing a Booth, please indicate with whom you are sharing \_\_\_\_\_  
**Each Vendor must submit their own Contract.**

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 40 to 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-the deposit is *not* additional to the total booth fee.**

**Make checks payable to "Alta View Wellness Center"  
6044 Union Tunnel Drive, Harrisburg Pa 17111**

|                      |          |  |
|----------------------|----------|--|
| 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 agree to cooperate with them.

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 1-15-2022

Payment 2 \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_  
Due by 4-15-2022

Payment 3 \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_  
Due by 7-15-2022

Need Electric Y/ N \$25 fee.

Special Request

---

Presenter/Workshop

---