



October 3 and 4, 2026

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) _____

For returning Vendors ONLY:

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*****

Returning Vendors ONLY: \$50 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	\$ _____	
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 1-15-2026

Payment 2 \$ _____ Date _____ Check # _____
Due by 4-15-2026

Payment 3 \$ _____ Date _____ Check # _____
Due by 7-15-2026

Need Electric Y/ N \$25 fee.

Special Request

Presenter/Workshop
