



# October 5 and 6, 2019

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 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"  
4814 Jonestown Rd., Harrisburg, PA 17109**

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 1-15-2019

Payment 2 \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_  
Due by 4-15-2019

Payment 3 \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_  
Due by 7-15-2019

Need Electric Y/ N \$25 fee.

Special Request

---

Presenter/Workshop

---