

# Holistic Health Fair 2012 Registration Form

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_ Fax \_\_\_\_\_

Product/Business/Service or Practice Description (brief) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to provide a door prize and/or silent auction, to be collected the morning of the fair? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Are you interested in doing a demonstration or workshop during the Fair? (please indicate topic and if it is for Kid's Corner or adults) \_\_\_\_\_

\_\_\_\_\_

Item	Description	Write in Your Cost (See fee schedule)
<b>Program AD</b>	Size: Don't forget to send in digital form/ pdf 300 dpi	
<b>BOOTH</b> Comes with one table, two chairs, and a 3' x 8' area behind table	Comes with one table: <b>Circle</b> how many tables do you want us to place at your booth?: 0                  1                  2 (\$20 fee)  Do you require Electric outlet? _____ (\$15 fee) If yes, please bring an extension cord with you, we will have some as well to share.	
<b>EXTRA BOOTH</b> Same as above	Comes with one table: <b>Circle</b> how many tables do you want us to place at this extra booth: 0                  1                  2 (\$20 fee)	
	<b>TOTAL FEES INCURRED:</b>	

Please make sure all information is complete and correct, and return this form along with your check or money order made payable to : **Delmarva Community Wellnet Foundation**

and mail to:

**Holistic Health Fair** c/o Jaime at Midway Chiropractic  
18585 Coastal Highway Unit 26  
Rehoboth Beach DE 19971