



TOWN OF TABER
Taber's 1st annual Health & Wellness Expo
Vendor Application / Contract

Please Coordinate Arrangements through the ACE Coordinator
 located at the Civic Center (403-223-6013)

Complete and return Fitness Expo Vendor Application form to the Town of Taber office no later than October 11th 2019.

Business Overview:

Business Name: _____
 Address: _____
 Phone: _____
 Email: _____
 Event day contact: _____
 Event day phone: _____

Booth Description; how is this business related to health, wellness or fitness? (Include any give-away items, sale items, and gifts):

Would you like to do a demo or a talk on stage (circle one): Yes / No

Describe your demo or talk (indicate # of participants, length of time [max 15 min.], and supplies required/being used):

Please note, all demonstrators must provide a copy of their insurance upon registering.

BOOTH RATES

BOOTH SIZE	Price	# Required	Total
10 X 10	\$25.00		\$
20 X 10	\$40.00		\$
TOTAL	-	-	\$

EXTRAS

EXTRA	Price	# Required	Total
POWER	\$0.00		\$ 0.00
EXTRA FOLDING CHAIR(S)	\$0.00		\$ 0.00
EXTRA FOLDING TABLE(S)	\$0.00		\$ 0.00
TOTAL	-	-	\$ 0.00

TOTAL

TOTAL	Price	# Required	Total
BOOTH	-	-	\$
EXTRAS	-	-	\$ 0.00
TOTAL	-	-	\$

Date: _____

Signature: _____

By signing this document you agree that everything is true and correct, and are agreeing to the vendor guidelines.