

2024 FAMILY WELLNESS EXPO REGISTRATION FORM
Friday, March 22, 2024 | 5-8 PM | Ephram White Gym



Name of Business/Organization: _____

Contact Name: _____ **Phone Number:** _____

Mailing Address: _____ **City/State:** _____ **Zip:** _____

E-mail Address: _____

BOOTH INFORMATION:

All vendors will be allotted 8' X 10' of space with a table and two chairs provided. The registration fee includes two meal tickets for the Pasta Party. Additional tickets may be purchased for \$5 each.

_____ **Non-Profit (\$50.00)** _____ **For-Profit Business/Organization (\$100.00)**

Specific health, fitness, sales, information or screening your business/organization will provide at the **Family Wellness Expo on March 22, 2024:**

Does your business/organization plan to sell products? **YES** ___ **NO** ___

If so, what: _____

Will you be returning on race-day, 7:30-11AM on Saturday, March 23rd? **YES** ___ **NO** ___

PAYMENT OPTIONS:

___ Check made payable to "Family Enrichment Center" is enclosed.

___ Please send us an invoice to the address below.

___ Credit Card: Visa MasterCard Discover

There will be 3% transaction fee for credit card payment

Name as it appears on card: _____ Card Number: _____
(please print)

Expiration Date: ____/____ 3 Digit CVC Code: _____ Zip Code associated with card: _____

Signature: _____ Date: _____

Family Enrichment Center Tax Identification Number: 610956466. Please return application with booth rental fee by: **Wednesday, March 1, 2024** to hold your booth space. Please make checks payable to: