

Annual Health & Wellness Expo and 5K Run
Vendor Registration Form

Saturday, September 7, 2019 10am-2pm Canton Area Junior Senior High School

Vendor: _____

Address: _____

Phone: _____ Contact Name: _____

Email Address: _____

Website: _____

Type of Products or Services: _____

Item to donate for door prize giveaway (optional): _____

Item to donate for goodie bag (optional – 25 Total): _____

The vendors will be allowed to setup any time after 8am on the day of the event. The expo will run from 10am-2pm. We ask that you have all items cleared by 3:30pm. There will be volunteers to help carry your products into/out of the school. If you would like to include coupons, brochures, catalogs, or business cards for the goodie bag, please let me know so I can get them prior to the event.

Please note that this event is going to limit the number of vendors that offer the same products or services. This will be on a first come first serve basis.

Number of Tables _____ x \$25 vendor fee (non-chamber member) = \$ _____

Number of Tables _____ x \$10 Canton Chamber Member vendor fee = \$ _____

Registration and payment due by August 30, 2019.

Please make checks payable to: Canton Area Chamber of Commerce

Mail form and payment to:

Passion Life Wellness 706 North Center Street Canton, PA 17724

If you have any questions, please contact

Raychel Boggs at 607-398-4052 or Raychel@PassionLifeWellness.com