



LIFE Expo 2010 Vendor Application & Standards

We appreciate your desire to participate in this event. This is a great opportunity to showcase your product or service to the 1,000+ people anticipated to attend this event, so please be prepared to accommodate this size of crowd.

PLEASE NOTE: Guidelines for participating vendors:

1. The booth space allowed will be 10' X 10' in size.
2. Your booth may be set up on **Friday, September 17th, 2010 between 10-2pm. No set-up allowed after 2pm on Friday or anytime Saturday.**
3. Your booth must operate **3pm to 9pm on Friday, September 17th and 10am to 1pm on Saturday, September 18th.**
4. The Community Center will provide 1 table and 2 chairs. You are responsible for providing all your own booth materials: decorations, price list, extension cords, signs, etc.
5. **There is a participation fee of \$50.00 per booth space, plus a donation of merchandise for door prizes (valued at \$50.00 or more).**
6. A signed Release Waiver and Indemnification Agreement, and this Vendor Application Form **completely filled out** are due by Friday, September 10, 2010. Forms received after this date will be charged \$25. This form can be returned to the following address: Washington City Community Center, 350 North Community Center Dr. Washington, UT 84780. Receipt of these items is required for this application to be considered. (*Application does not guarantee participation. Vendors will receive a letter of acceptance.*)
7. **Power is available for \$10.00 per booth.**
8. The Business Expo Committee reserves the right to limit the number of booths. Please register early. Space is limited.
9. Limit of up to two booth spaces per business if available. (Each booth space costs \$50.00).
10. Vendors are allowed to sell products and are responsible for all taxes associated with such sales. Free samples of products may be provided.
11. Booths will be sold to those businesses offering reputable healthcare products and/or services. If the product or service provided by the vendor has not been approved by the US Food and Drug Administration or American Medical Association the vendor application ***may be denied***. The Washington City Community Center and its sponsors reserve the right to review all vendor applications in accordance with the above standards. If requested, vendors are required to make available any paperwork necessary to prove FDA or AMA approval.

Business or Organization person's name: _____

Sales Tax or S.S. #: _____ Contact Person _____

Phone: (____) _____ Address: _____

City: _____ State: _____ Zip: _____ Email address: _____

Fax Number: (____) _____ Mobile Phone Number: (____) _____

Signature _____ Date: _____

Please include a brief description of items to be displayed or services to be rendered at your booth:

Please indicate what you intend to use as a merchandise or door prize donation:

Do you need electricity to your booth? Yes No

Return Check List:

- _____ # of Booth Spaces @ \$50 each(max 2 spaces)= \$ _____
- _____ Booth Spaces Needing Power (\$10.00 each booth)= \$ _____
- Cash, Credit Cards or a business check is acceptable. Please make checks payable to "Washington City" reference "Business Expo" total amount = \$ _____
- Signed Release Waiver
- This Business Vendor Application Form completed and signed.

Expo Contact: Chris Beckstead
435-656-6360 - cbeckstead@washingtontcity.org