

1st Annual Rogue Valley Integrative Health & Wellness Fair Vendor Application

Please fill the form out completely, sign and return with deposit.
Send your completed Application by fax to (541) 476-1662 or
e-mail to: Donna@RogueValleyWellnessFair.com or
Rogue Valley Integrative Health & Wellness Fair
c/o The Center for Therapeutic Health & Wellness
1867 Williams Highway – Suite 219
Grants Pass, Oregon 97527

Business Name _____

Owner and/or Contact Person _____

Address _____

Phone _____ E-mail address _____

Service Provided at the Fair _____

**You must possess proof of your ability to provide
the health and wellness service listed– this information will be verified
(IF APPLICABLE – PLEASE PROVIDE THE FOLLOWING)**

License # _____ and/or Certification # _____

Business License # _____

All booths must relate to health and wellness in some way. Please provide specific information on all products or services for display or to be sold and how they relate to health and wellness. Include any brochures or additional printed information you may have regarding your product/service. Food vendors must supply a complete menu with price list. Items not on the list cannot be sold or displayed without prior authorization from the Rogue Valley Integrative Health & Wellness Fair Board. Space is limited and contracts are assigned based on how they relate to health and wellness.

Please register me for this event and hold a booth in the name of my business. I agree to hold harmless all of the coordinators of the Rogue Valley Integrative Health & Wellness Fair, Grants Pass Fairgrounds, and any volunteers for the event for any damages, or injury that might occur during this event. I agree to abide by the rules and laws governing the event. I understand that if I do not act in a professional manner during the event that I may be asked to leave the event without a refund of applicable fees.

Signature

Date

VENDOR FEES

Vendor Booth only (no program/class) @ \$250.00

Approximate size of space - 10 x 10 w/electrical outlet available.

\$50.00 non-refundable deposit is due at time of registration

Balance of booth space due by March 15, 2008

½ Vendor Booth only (no program/class) @ \$150.00

Approximate size of space - 5 x 10 shared electrical outlet available.

\$50.00 non-refundable deposit due at time of registration

Balance of booth space due by March 15, 2008

Vendor Booth with Program Description & Lecture or Class @ \$350.00

Approximate size of space - 10 x 10 w/electrical outlet available

Your business will be highlighted in the official Fair Program

Scheduled Lecture/Class Time

\$50.00 non-refundable deposit due at time of registration

Balance of booth space due by March 15, 2008

There will be no deposits taken after March 15, 2008

All vendors registering after March 15th

Will be expected to pay in full

Fees are payable by Check, Money Order or Visa/Mastercard

ALL VENDOR FEES ARE NON-REFUNDABLE

Please make checks payable to

Rogue Valley Integrative Health & Wellness Fair (RVWF)

Name on card _____

Card # _____

Expiration date _____ Three-digit # on back of card _____

Signature on card _____

Please provide a 50 word or less description of your booth, class or presentation to be included in the program guide. Rogue Valley Integrative Health & Wellness Fair reserves the right to edit as needed.

If you have paid for the entry fee that includes a speaker time, please indicate your top 3 choices for your presentation/class time. Slots are given on a first come/first serve basis. We will do our best to accommodate your needs.

Please choose one class time for either of the two fair dates

Your class must start on time and you will have 45 minutes to speak – Please conclude your class on time – We will have a 15 minute break between speakers.

Saturday, June 14th

10:00 am

11:00 am

12:00 pm

1:00 pm

Sunday, June 15th

10:00 am

11:00 am

12:00 pm

1:00 pm

KEYNOTE SPEAKER

4:00 pm

5:00 pm

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4:00 pm

5:00 pm

**Keynote Speaker will speak on
Saturday, June 14th & Sunday June 15th @ 2:00 p.m.**