



Greater Newburyport HEALTH & WELLNESS DAY

Thursday, September 15, 2016
3PM - 6 PM
Newburyport Senior Center
331 High St, Newburyport, MA 01950

Application Deadline: August 31, 2016
To be featured in printed material

VENDOR APPLICATION

Company Name: _____

Contact Person: _____

Address: _____

City/Zip: _____ Phone: _____

Email: _____ Website: _____

Please give a brief description of the products/services you would like to promote at the event.

Will your display require electricity (for an additional \$25)? Yes _____ or No _____

Participation Fees: All booths include a table, chairs, and linens. Booth placement will be made at the discretion of the Chamber.

Newburyport Chamber Members	\$200	Non – Member	\$300
Chamber Member Nonprofits	\$100	Non – Member Nonprofits	\$150

In addition to your booth participation, we are looking for health/fitness demonstrations and mini exercise classes. *Limited opportunities available.*

Will you be interested in running a demo or exercise? Yes _____ or No _____

Payment Options: (PLEASE NOTE: *cancellations must be received prior to March 15 to ensure refund*)

1. **Charge** my VISA/MasterCard/American Express (*please circle payment level*)

Members: \$200 / \$100 **Non-Members:** \$300 / \$150 **Add On Electric:** \$25

Account # _____ Expiration Date _____ V-Code _____

Billing Address (with zip code) _____

Authorized signature _____

2. **Check** enclosed made payable to the Gtr. Newburyport Chamber of Commerce Check # _____

RETURN THIS APPLICATION WITH PAYMENT TO:

MAIL - Greater Newburyport Chamber of Commerce
38R Merrimac Street, Newburyport, MA 01950
Phone • 978-462-6680 **Fax** • 978-465-4145
Email • events@newburyportchamber.org



ANNA JQUES HOSPITAL

