

6<sup>th</sup> Annual

The Safety Harbor  
Chamber of Commerce  
presents



Saturday, May 4, 2019  
10 am – 2pm

Safety Harbor Resort & Spa  
Free to the Public



*"Take Care of Yourself Today For a Brighter Tomorrow"*

### Vendor Application

<b>Medical</b> <b>Aging</b> <b>Fitness</b> <b>Wellness</b> <b>Nutrition</b>	<b>Spiritual Health</b> <b>Animal Health</b> <b>Financial Planning</b> <b>Banking</b> <b>Mortgage</b>	<b>Real Estate</b> <b>Insurance</b> <b>Estate Planning</b> <b>Retirement</b> <b>Family Activities</b>
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Each Vendor is required to supply a SINGLE prize GIVEAWAY valued at \$50 or more as described below. Giveaways will be announced during the event and are the responsibility of the vendor to collect entries and distribute prize to winner.

Business Vendor Fee: \_\_\_\_\_ \$50 Non-Profit\* \_\_\_\_\_ \$100 Member \_\_\_\_\_ \$150 non-Member

Extras: \_\_\_\_\_ Electricity \$25 \_\_\_\_\_ Extra 6' Table \$25

One 6 ft. table provided for each vendor ~ Set up 8:30 – 9:45 am

\* 100% of the non-profit vendor fee will go towards the Safety Harbor Chamber Scholarship Fund

**LINENS WILL BE PROVIDED**

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Subject of Display: \_\_\_\_\_

If will you be providing free health screenings please indicate type: \_\_\_\_\_

Description of Giveaway Item (required): \_\_\_\_\_

Payment: Check # \_\_\_\_\_ Payable to Safety Harbor Chamber of Commerce

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ 3 Digit: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**CATEGORIES DO FILL UP – FIRST COME FIRST SERVE**

Contact Safety Harbor Chamber of Commerce  
(727) 726-2890  
info@safetyharborchamber.com  
www.safetyharborchamber.com

Office Use Only:
Date rec'd _____
CM: _____
KBYG: _____
Vendor Space: _____