

BE FIT. EAT RIGHT. THINK WELL.



Exhibitor Application

Contact Information

Expo Manager: Monique Barley
Phone: 902-843-3445
Email: Monique@wellwithinchiropractic.net

Application process

1. Mail or fax completed exhibitor application to:

Well Within Chiropractic
68 Robie St.
Truro, N.S.
B2N 1L2

Fax: 902-843-3301
Attn: Monique Barley

* Stay Green: In an effort to save paper, please only print pages 2 & 5 of this registration package.

2. Exhibitors will be sent an event guide, which will include information regarding event dates, times, locations, what to bring, and other essential information.

3. Once exhibitor's application and payment in full are received, Well Within Health Expo will contact to ensure accuracy of information.

4. Exhibitors will be added to the consumer marketing campaign Well Within Health Expo.

Wellness Screened:

The Well Within Health Expo is committed to encouraging and promoting sustainable wellness by uniting consumers with organizations that provide health and wellness products and services. To ensure the highest level of consistency, exhibitors have been "hand selected" by the Truro Wellness Alliance. Your business will be given priority with your timely commitment to the expo. The first 20 in any of the three dimensions of health: Be Fit. Eat Right. Think Well. will secure their prominent presence at the expo. We look forward to working closely with you in the near future!

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Exhibitor Application

Name

Address

City & Province

Postal Code

Telephone Number

Fax Number

Email

Website

Contact Name/Title

Product & Service Information

Please describe your product and or service below.

In- Kind Donations

Please describe your in-kind donation item (including value)

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TERMS AND CONDITIONS:

1. Payment is due in full before exhibition space can be confirmed.
2. Space selections and confirmed assignment will be prioritized in the order in which exhibitor contracts and full payments are received.
3. No sub-leasing of exhibit space without the consent of the show producer.
4. Sponsor/exhibitor fees are non-refundable in the event of cancellation.
5. Each sponsor/exhibitor shall display a Wellness Expo show poster at their place of business.
6. Each sponsor/exhibitor shall provide an in-kind donation value of \$25.00 or greater.
7. The exhibitor agrees to remain within the confinement of their given space in regards to height, sound and visuals.
8. The Exhibitor will be liable for and will indemnify and hold harmless management from any loss or damages whatsoever suffered by management as a result of any loss or damages whatsoever occurring to or suffered by any person or company, including without limiting the generality of the foregoing, the exhibitor, other exhibitors, management, the owner of the building and their respective agents, servants and employees and members of the public attending the event, either on the said space or elsewhere if said loss or damages arose or were in any way connected with the exhibitors occupancy of said space.
9. The exhibitor may use the Well Within health expo logo to promote only his/her participation at the event. It cannot be used in any way that is perceived as an endorsement by the Well Within health expo of the exhibitor's company, product, and/or service.
10. The exhibitor agrees that no display may be dismantled or goods removed during the entire run of the event and must stay intact until after the closing hour of the event. The exhibitor agrees to remove his/her exhibit, equipment from the event building by the final move-out time. If any exhibitor is left behind after the specific move out time we will remove said items.

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Cancellation Policy:

This contact may be cancelled by either party providing written notice is received as follows:

- By Dec 15, 2010 in which case all monies paid by the exhibitor will be refunded.
- After Dec 15, 2010 the exhibitor will be responsible for the full amount of the deposit.
- By cancelling this contract the exhibitor forfeits all rights or claims to the allocated space and management is free to rent it to others and collect the cancellation charge as liquidation damages.
- We agree to abide by all the rules and regulations adopted by the Well Within Health Expo and have reviewed the conditions of contact above.
- If this contract is sent to the Well Within Health Expo, we authorize Well Within Health Expo to take any and all steps as though the copy of the contact was original.

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Packages offered:

There will be three standard packages offered:

1. HEALTHY- booth, electrical supply, web site, and 10 tickets. \$207.00
2. HEATHIER- booth, electrical supply, web site 15 tickets and 10 minutes speaking time. \$267.00
3. HEALTHIEST- Feature booth, electrical supply, web site, 25 tickets, and 20 minutes speaking time. \$307.00

* If booked by Nov 20, 2010 receive 10% off any package.

** Encouraged to give tickets to best customers or sell for profit!

Do you require electrical outlet Yes No
Would you prefer option 1 2 3

Payment Information

Exhibitors are required to pay the balance upfront. Above rates do not include tax.

Payment Amount _____ + 13% HST= Payment Total _____

Please indicate the method of payment: Credit card Cheque Cash

Credit Card Type (Visa)

Card Number

Expiry date

Card holders name

Cardholder's Signature: _____

Cheques can be made payable to: Well Within Health Expo

Exhibitor Contract

Signature

Date