

BUSINESS DETAILS

business / organization name _____

street address _____

city _____ state _____ zip _____

phone _____ fax _____

web address _____

contact person _____

contact person email *(booth confirmation will be sent to this address)* _____

product / service exhibiting *(used to classify exhibitors for visitors)* _____

website exhibitor description *(50 words or less)* _____

HEALTH SCREENING / INTERACTIVE SERVICE

Health care vendors must provide a free Health Screening or Interactive Service in order to be a part of this Health Fair. Please describe your service.

BOOTH PRICING STRUCTURE

	<i>Early*</i>	<i>Regular</i>
<input type="radio"/> Health Fair Booth (Chamber Member)	\$250	\$300
<input type="radio"/> Health Fair Booth (Non-Member)	<i>Contact the Chamber</i>	
<input type="radio"/> Additional Booths	\$50 off each additional booth	

*Form and payment must be received by December 31, 2018 to qualify for Early pricing.

Booth Cost _____
Additional Booths / Sponsorship _____
TOTAL _____

EXHIBITOR BOOTH SELECTION

Health Fair registrations will be reviewed and approved before acceptance to ensure that a variety of health services and screenings are represented. The criteria for selection includes vendor type, value of the screening or service provided, and number of similar vendors. **Must be a Chamber Member. Contact the Chamber for membership information and pricing.** All exhibitors will receive an 8' table and two chairs. Hanging signs are not included with your booth registration. There is limited electricity available to each booth. Booths will be assigned.

CONTACT INFORMATION

Make checks out to: Kenosha Area Chamber of Commerce
Email form to: info@kenoshaareachamber.com
Mail payment / form to: 600 52nd Street, Suite 130, Kenosha, WI 53140

PAYMENT

If your business is unable to attend the 2019 Kenosha Expo, please cancel by 4:00pm on February 22, 2019. *No refunds will be given if a cancellation is made after this date.*

cardholder name as listed on card _____ exp.date _____

credit card number _____ security code _____

cardholder billing address _____

cardholder signature _____ date _____