

HOLISTIC HEALTH GATHERING

A Mind-Body-Spirit Celebration

Sunday, October 23, 2016 — Noon - 6 p.m.

1100 E. Apache Blvd., Tempe, AZ 85281

SWIHA: 480-393-1420

AZNETNEWS: 480-951-1275

EXIBITOR REGISTRATION FORM

Business Name _____

Contact Person _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Table fees: Please mark one:

6' table: \$125 Share 6' table: \$70 Oversize space: (8-10' **No table**) \$175

Detailed description of what you will be exhibiting: _____

Sharing a Table – Each participant must submit a registration form and pay fee

I will be sharing with: _____

They will be exhibiting: _____

Oversize Space - Spaces are 8 – 10' of space, 2 chairs are provided – No table

Silent Auction

Will you be providing a Silent Auction item? _____ Please fill out and fax silent auction form to number below. If you send in your form you are responsible for providing service or product. Send in certificates with silent auction form. If you are bringing a large item submit to registration desk when you arrive. Last date for silent auction participation is: _____

Electrical

Do you need electrical outlet? _____ (Bring a long extension cord and power strip)

Fee is non-refundable and must be paid in full with application. **Product exclusivity is not guaranteed.** A prize will be awarded for the most creative table or space. Management will provide minimal table top covering for 6' tables and reserves the right to assign tables in the best interest of the vendor and the event.

Southwest Institute of Healing Arts and the Arizona Networking News are not responsible for theft or loss during the Holistic Health Gathering. Vendors accept all liability claims against vendors, vendor's workers, company or business without recourse against the Southwest Institute of Healing Arts, the Arizona Networking News or its assigns. **Note: Table space is confirmed when vendor receives payment receipt.**

Signature below indicates that vendor has read and accepted all of the above conditions.

Signature _____ Date _____

Credit Card #: _____ Expiration Date: _____

Make checks payable to SWIHA and return with application to
1100 E. Apache Blvd., Tempe, AZ 85281 Attn: Ramona

FAX: 602-467-3045

Telephone: 480-393-1420