



March 28, 2009
Middle Bucks Institute of Technology
2740 Old York Road, Jamison, PA
www.holisticlivingexpo.org
info@holisticlivingexpo.org
215-491-7533

APPLICATION FORM (1 of 3)

Your Full Name: _____

Names of all booth assistant(s) – (total of 4 or less, including yourself) _____

Business Name (s) you would like to appear on your banner: _____

Address: _____

Telephone #: _____

Cell # (in case we need to reach you the day of the expo): _____

Email: _____

Website: _____

Services and / or Product: (please specify any product brand names)* _____

Special Requirements for your vender space (lighting, quiet area). Special requests are on a first come basis. We will attempt to honor requests but this is not a guarantee of placement.

Brief description of your business for the program – 50 words or less (use back of form or submit via email)



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Checks payable to **Holistic Living Expo**

Credit Card Visa MC Disc AmEx / Card # _____

Card HolderName _____ Exp.Date _____ Security# _____

Address of Card Holder _____

Signature of Card Holder _____

To the best of my ability, I will do my part in promoting the Holistic Living Expo to my existing clients and to the general public. To guarantee my vendor space at the Holistic Living Expo, I will provide all information and payment by February 28, 2009.

Signature _____

Return your application to:

Holistic Living Expo
 2237 Valley Road, Jamison, PA 18929
 Fax # 215-491-9446 or email to info@holisticlivingexpo.org
 Questions can be directed to the above or call: Linda at 215-491-7533

For Office Use Only	
____ Certificate of Insurance (body workers)	____ Department of Health (food vendors)
____ Full payment – Amt received \$ _____	Date: _____
____ Partial payment – Amt received \$ _____	Date: _____
____ Ad payment – Size of Ad: _____	Amt received \$ _____ Date: _____
____ Received Ad Copy - Date: _____	
____ Received Program Description - Date: _____	