



Exhibitor Registration



Yes! Sign me up as an exhibitor at the 2012 Health & Wellness Expo on Saturday, March 3 at the Northshore Mall in Peabody.

Exhibitor Information

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Will you be conducting a free screening, product sampling, etc. at your booth?

Describe: _____

***** EARLY BIRD REGISTRATION – PAYMENT IN FULL REQUIRED BEFORE JAN. 15TH *****

Before 1/15/11	Member Fee: \$275	Non-Member Fee: \$325
After 1/15/11	Member Fee: \$299	Non-Member Fee: \$375

____ Booth Only ____ Electricity \$20 Additional TOTAL \$ _____

Payment Method (please circle): MC VISA AMEX

Card #: _____ Signature: _____

Check Enclosed: _____

Return with Payment to: Salem Chamber of Commerce, 265 Essex Street, Salem, MA 01970
Phone: (978) 744-0004 / Fax: (978) 745-3855
info@salem-chamber.org / www.salem-chamber.org



NORTH SHORE
MEDICAL CENTER

