



Paradise Wellness Expo Exhibitor Application Form

Organization/Business Information:

Name of Organization / Business: _____

Contact Person Name: _____

Phone #: _____ email _____

Type of booth arrangement needed: please check all that apply

Table and 2 chairs _____ No table (5x8 space only) _____ Electrical outlets _____

What type of Information will be provided at your booth?

Do you have a video related to the Expo you would like to have played throughout the day?

Yes _____ No _____ if yes, how long is the video? _____(minutes)

Are you interested in being a guest speaker for the event?

Yes _____ No _____ If yes, what would your topic be about?

Please Note: The time slot for this event is from 12 noon to 5:00 p.m. All vendors must bring their own materials, cloths, food items etc. The exhibitor fee is \$15 for businesses and \$10 for non-profit or athletic organizations.

Please submit this application to Pat Silver, Recreation Technician-Special Events by email (psilver@paradise.ca) or by dropping it off to the Paradise Double Ice Complex Reception Desk.