



**May 2-4, 2008  
Health & Information Fair  
Vendor / Exhibitor Contract**

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email(s): \_\_\_\_\_

Description of what you will have at your table (information pamphlets/flyers, products, food samples, book signing, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Please select one:**

\_\_\_\_ \$500 For-profit organization (pharmaceutical, retail, etc.)

\_\_\_\_ \$250 Health care facilities and clinics (for profit)

\_\_\_\_ \$50 Non-profit organizations including health care clinics and facilities

Please provide your non-profit ID number: \_\_\_\_\_

\_\_\_\_ \$25 A supply of products or information for display will be provided

Please state what you will be displaying: \_\_\_\_\_

*(Please note that any remaining products or information will only be returned upon your request via C.O.D.)*

\_\_\_\_ Author for book signing – 10 signed copies of book to donate to cancer centers & local libraries

***10% of sales at the information/vendor fair should be donated to the Stowe Weekend of Hope***

You will be provided with one 8' table and chair. Please state other requirements you may need.

\_\_\_\_\_ (subject to approval).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

On or before April 1, 2008, please complete and mail this contract with check made payable to Stowe Weekend of Hope 2008, Attn: Cindy Delaney, One Mill St. #301, Burlington, VT 05401  
Questions? Call 802-865-5202 or email meg@delaneymeetingevent.com.