

Registration Form

**Anthem Health Expo - [www. Anthemhealthexpo.com](http://www.Anthemhealthexpo.com)
At Boulder Creek High School
40404 N Gavilan Peak Pkwy, Anthem, AZ 85086
Saturday, December 1, 2007
9:00am – 4:00pm**

Company Name: _____
Name of Company Representative: _____
Address: _____ City _____ Zip _____
Phone: _____ Fax _____ Cell _____
Email: _____

This event is specifically for health care professionals, Health food, and health fitness and other health related business and services. Please describe in detail the products and/ or services to exhibited: _____

Exhibit Space:

Standard spaces are 10x10, one table and two chairs. All expo vendors must supply their own display materials. While every effort will be made to accommodate booth requests, we reserve the right to determine booth locations.

Deadline:

All vendors must have submitted this AHE registration Form. Keep a copy for your files. All vendors register will receive 10% discount if registering by October 15th, 2007. There is a late fee \$50 for registrations received after Nov. 1st, 2007

Expo Fee:

A check must included along with your registration documents, and make payable to: Anthem Health Expo in amount of \$200 by October 25th. 2007. A \$40 fee applies for all returned checks and cancellations. No refunds will be issued to any accepted vendor who cancels after Nov. 1st. 2007

Taxes:

Accepted vendors who wish to sell merchandise on-site will be required to submit sale tax. Upon check-in the day of event, please indicated whether or not you will need a sale tax remittance form.

Total payment amount: _____ Check #: _____ Date _____

Credit card payment:

Visa/Master card# _____ Exp. Date _____
V-code _____ Billing Address _____

Signature _____

Please mail this form to: Anthem Health Expo
42104 N. Venture Dr. Ste. D105, Anthem, AZ 85086
Or fax to 623/551-8912.

For more info. Please call: 623/551-3773