

EXHIBITOR REGISTRATION FORM
POLK COUNTY ANNUAL SENIOR FEST & HEALTH FAIR
WEDNESDAY, MAY 19, 2010

Organization Name _____

Address _____

Phone _____

Contact Person _____

Email _____

Confirmation will be sent by e-mail.

Fee covers one 8' table, 2 chairs and a sign.

\$50.00 non-profit/exhibitors not selling products

\$75.00 exhibitors selling products (selling food or drink prohibited)

Check additional items that will be needed:

Electrical outlet _____ Additional chairs (no charge) _____

Additional tables @ \$10.00 each _____

Other _____

Will you be providing a door prize? Yes ___ No ___

Will you be selling products at your booth? Yes ___ No ___

Agency/Business name as it should appear on signage (please print):

Set up time begins at 8:00 a.m. on Wednesday, May 19th. *Note: No helium filled balloons or signage attached to walls or columns are allowed in the Varied Industries Building.*

Exhibitors may join us for lunch.

Number of lunches _____ No, I will not be eating lunch _____

If you have questions, please call 286-3679.

Please enclose a check made out to:

Polk County Treasurer

Return form and payment by April 28, 2010

Attention to:

Senior Services of Polk County
1914 Carpenter Des Moines, IA 50314



Base Fee:	\$ 50.00 _____
Selling products Add \$25.00	\$ _____
Additional tables requested @ \$10.00 per table	\$ _____
TOTAL:	\$ _____