

Living Well Expo

Tuesday, May 8, 2012, 1:00pm – 5:00pm

Vendor Registration Form

Vendor Name _____

Contact person _____

Mailing Address _____

Phone _____ Email _____

You will be provided a space for your table. You are responsible for bringing your own table, chairs, tent, displays, etc. ***There is no cost to reserve a standard space;*** however spaces will be assigned on a first come, first served basis. If you require access to electricity, there is a \$20 fee (Please make your check payable to JCHRC).

Mail or Fax your completed registration form, no later than April 13, to:

Angela Mannetta

Jefferson City Health and Rehab

283 W. Broadway Blvd.

Jefferson City, TN 37760

Fax: (865) 471-5116

Please mark the following, as it applies to your business or organization.

Business booth (type of business) _____

Non-Profit Organization _____

Number of booth spaces _____

Set up begins at 11:00am, May 8th, 2012. Be sure your booth is ready by 12:30pm.

For additional information, you may call 865-475-9037.