

2<sup>nd</sup> Annual Bay Area  
**HEALTH & WELLNESS  
EXPO**

Saturday May 11 , 2024



PARTNER SPONSOR

## REGISTER AS AN EXHIBITOR

Company:  Contact Name:   
Website:  Email Address:   
Address:  Business Phone:

Business Type (as it relates to health & Wellness):

To help us promote your participation, please describe your business, product or service in 1-2

Will you be conducting a free screening, product sampling, demonstration, or other activity at your booth? If so, please describe:

Will you be giving away any items, prizes or services at your booth? If so, please describe.

Would you be interested in donating a service or a prize to be raffled off during this event? If so, please describe what you will donate.

### EXHIBITOR TYPE\*

Business Exhibitor (10ft.) \$100

Additional (6ft.) \$50

Nonprofit Exhibitor (must be 501(c) No fee – limited availability

*\*Exhibitors are first come basis and must be received by May 1<sup>st</sup>.*

### ADDITIONAL ITEMS\* (program dimensions 4.25 x 5.5)

Expo Program (1/8 Page Ad) \$125

Expo Program (1/4 Page Ad) \$250

Expo Program (1/2 Page Ad) \$350

Expo Program (Full Page Ad) \$500

*\*Limited space, first come basis and must be received by April 20th*

### PAYMENT INFORMATION

Enclosed is a check made payable the **Lupus Foundation of America**

Please send me an invoice so I may remit payment: **(payment is due in 7 days)**

Please Charge the following credit card

Name on Card:

Card Number:

Expiration Date:

Billing Zip Code:

Security Code:

Total Amount to Be Charged: