

NEW WORLD FAIR EXHIBITOR APPLICATION

NEW WORLD FAIR

APPLICATION & CONTRACT FOR EXHIBIT SPACE

I (We) hereby apply for exhibit space in the 2010 New World Fair. I (We) have read and agree to the provisions on this application & contract and the 2010 Fair Terms and Conditions.

BUSINESS NAME:

CONTACT PERSON:

ADDRESS

CITY: _____ **STATE:** _____

ZIP: _____

CONTACT PHONE: (_____) _____

HOME PHONE: (_____) _____

FAX #: (_____) _____

E-MAIL:

WEB SITE:

CALIFORNIA SELLER PERMIT #

If you are selling product.

SIGNATURE OF EXHIBITOR _____ **DATE**

SHOW DIRECTORY & FAIR WEB SITE: Please PRINT on the line below exactly how you

want your business name (or personal name) to appear. The listing is in alphabetical order so the FIRST LETTER you put is the letter that will appear in the directory. If you do not fill this out you will be listed by business name.

Do you want your phone number included on the web site? **Yes** **No**

EXHIBITOR CATEGORIES:

Please indicate the category(ies) for which you are applying:

- Authors, Books & DVDs
- Clothing & Accessories
- Contemporary Crafts & Fine Arts
- Feng Shui
- Green Businesses
- Healthy Living Products
- Holistic Health Care Practitioners
- Intuitive Readers & Spiritual Healers
- Jewelry, Gemstones & Crystals
- Magazines
- Musicians & CDs
- Nutrition Products
- Oils & Aromatherapy
- Organic Foods & Beverages
- Personal Growth
- Retreat Centers & Spas
- Schools, Instructors & Study Programs
- Skin Care Products
- Sound Therapy
- Therapeutic Massage & Reiki
- Travel & Tours
- Yoga Studios
- Yoga Accessories

Please describe everything that you will be presenting or selling at the fair:

Are you interested in lecturing or holding a workshop at the fair? Yes No

If yes, please explain your topic and expertise. *There is a \$100 additional charge to the exhibitor lecturing or holding a workshop.*

PAYMENT & BOOTH SELECTION

Please specify amount of display area desired:

- _____ 10' x 10' Inline Booth(s) at \$795 Total \$ _____
- _____ 8' x 10' Inline Booth(s) at \$750 Total \$ _____
- _____ 5' x 10' Inline Booth(s) at \$650 Total \$ _____
- _____ Corner 10' x 10' Booth at \$850 Total \$ _____
- _____ Corner 8' x 10' at \$795 Total \$ _____
- _____ Corner 5' x 10' at \$700 Total \$ _____
- _____ Lecture or Workshop at \$100 Total \$ _____

Total Cost \$ _____

Please list three choices of Booth Location:

1st choice # _____ 2nd choice # _____ 3rd choice # _____

ENCLOSE PAYMENT: A DEPOSIT OF 50% OF THE TOTAL COST MUST ACCOMPANY THIS APPLICATION. (Your check or credit card payment will not be deposited until you are accepted into the fair. If you are not accepted your check will be returned.) The balance is due on or before FEBRUARY 1, 2010. We will be offering booths after February 1 as long as space is still available.

Make check payable to GW Health, 4001 Prado Del Trigo, Calabasas, CA 91302. A \$20 fee will be charged on any returned checks.

CREDIT CARD:

VISA MASTERCARD DISCOVER

Card # _____

Expiration Date: _____

CVV2 code from back of card _____

EXACT Billing Name and Address (please print
clearly)_____

MAKE A PHOTOCOPY OF THIS APPLICATION FOR YOUR RECORDS