

Sunday, _____, 202

10 am – 5 pm

FOUR POINTS SHERATON HOTEL MILWAUKEE

8900 North Kildeer Ct.,

Brown Deer, WI 53209

www.wellnessbodymindspirit.com



Make checks payable to:

SuperBodies, Inc.

Mail completed application and check to:

Dr. Joanne Flanagan

507 E. Spooner Rd., Fox Point, WI 53217

PayPal: drjoanneflanagan@wi.rr.com

North Shore Wellness, Body, Mind & Spirit Expo

Exhibitor Application Form

Cost: \$235 if paid by / /202

After / /202 cost is \$255

Exhibitor Information

Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Website: _____

Products or Services/Description: _____

Please enter information exactly as you would like it to appear on marketing materials/website:

If sharing an exhibit table, with whom? (Each applicant must fill out a form) _____

Do you need electricity? Yes ☐ No ☐

Signs ARE NOT allowed to be hung on any wall. Bring your own stand up or table signs. Tables are assigned on first-come basis.

Applications must be mailed with payment after confirmed by phone. (414) 349-4932.

Make Checks payable to SuperBodies, Inc. Mail to: Dr. Joanne Flanagan, 507 E Spooner Rd., Fox Point, WI 53217

WOULD YOU LIKE TO GIVE A PRESENTATION? We have a room reserved at no charge to you. Lectures are from 10:00 a.m. to 5:00 p.m. Again, time is based on first-come, first-serve basis. If you need more time, please let us know.

WOULD YOU LIKE TO BE A SPONSOR? (Inquire with Joanne at 414-349-4932) Your company name appears as a sponsor in promotion/media materials, and sponsors get the first choice to provide a presentation, time of presentation, plus booth location.

PLEASE SEE OUR WEBSITE: WWW.WELLNESSBODYMINDSPIRIT.COM

Rules, Regulations, and Agreements

1. **VENDOR DONATIONS for FREE GIFT BAGS to 1st 25 ATTENDEES.** The first 25 attendees get a free gift bag with vendor goodies. This helps promote the event, encourages people to come early, and gets you more business!!! While not required, we suggest preparing 25 items from your business to place in the bags to promote your business. Bring them to the registration table to drop in the bag. Donations can be: a small sample of your product, a discount coupon, a business card, an engraved item with your name on it, or any other item with your name on it.
2. Setup time is from 8:00 a.m. to 9:45 a.m. and breakdown is at 5:00 p.m. Vendors who break down before this time will not be accepted at the next event.
3. The Expo reserves the right to determine the eligibility of any product, company, service, or presentation.
4. EXHIBITOR is liable for personal injury, or lost/stolen/damaged goods and/or their own insurance.
5. Exhibitors are responsible for meeting all city/state resale, licensing, and health department requirements.
6. Exhibitors are asked to assist with event promotion through newsletters, social media, web links, etc.
* Expo logo will be provided upon request
7. No refunds will be made after 30 days prior to the expo.
8. A cancellation fee will be set at \$150.

AGREE TO TERMS. I GIVE MY PERMISSION TO RECEIVE EMAILS FROM THE EXPO PRODUCER.

Signed _____ Date _____

joanne@wellnessbodymindspirit.com (414) 349-4932

Company Information - Private

The State requires all event promoters (including WELLNESS EXPO) to submit vendor registration information for every event hosted in the state. The information below is required, will be held securely, and provided ONLY to the State as per law.

Even if you are a vendor from out of state, you are still required to submit your state's sales tax account number, EIN or social security number. Failure to provide this information can result in state fines and a rejection of vendor registration.

If the vendor does not have a Wisconsin seller permit number and claims their sales are tax exempt, enter the exemption code number provided by the vendor.

1 - Exempt sales only or display only

2 - Multi-level marketing company pays sales tax

3 - Nonprofit occasional sales exemption

4 - Exempt occasional sales

Wisconsin Seller's Permit Number (15 digits starting with 456) 456- -		SSN (last 4 digits)	FEIN (last 4 digits)	Exemption Code
Legal Business Name (if not sole proprietor)		Doing Business As (DBA) Name (if applicable)		
Vendor/Contact Name (Last)		Vendor/Contact Name (First)		Vendor Phone Number
Mailing Address		Email Address		
City	State	Zip	Multi-Level Marketing Company (if claiming Code 2 above)	