

Sunday, April 22th, 2018

10 am – 5 pm

Four Points Sheraton, Milwaukee Northshore
8900 North Kildeer Court,
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: \$215 if paid by 4/2/18

After 4/2/18: \$240

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

Each exhibitor will receive one (1) 6-ft. table with cloth, plus two (2) chairs in 8-ft. space.

Signs are allowed on walls using ONLY using blue painter's tape. Bring your own 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. The deadline for consideration is April 2, 2018 to ensure a lot of exposure for you.

PLEASE SEE OUR WEBSITE: WWW.WELLNESSBODYMINDSPIRIT.COM

Rules, Regulations, and Agreements

1. I understand that this is an application, and does not guarantee acceptance into the Expo. I also understand that once accepted, if I do not pay by the date set, I will lose my exhibit space. That date will be set as 4/2/18
2. Setup time is from 8:00 a.m. to 10:00 a.m. and breakdown is at 5:00 p.m.
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. A cancellation fee will be set at \$100

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

Signed _____ Date _____

joanne@wellnessbodymindspirit.com (414) 349-4932