



FOUR FLAGS AREA **CHAMBER of COMMERCE**

Vendor Application Health and Wellness Summit Event Date: Friday, May 30th from 1pm-6pm

Company Name _____

Contact Person _____

Mailing Address: Street or PO Box, City, State, Zip

Email _____

Phone _____

Company Website www. _____

Employees who are attending:

Type of Health and/or Wellness product(s) or service

Vendor Fee (circle one): Chamber Members \$50 Prospective Chamber Member \$100

Method of Payment (circle one): Cash Check # _____ Credit Card

For credit card payments only –

(circle one) Mastercard or Visa

Card Number: _____

Expiration Date: _____ / _____

Please remit payment to Four Flags Area Chamber of Commerce, 321 E. Main St., Niles, MI 49120



FOUR FLAGS AREA CHAMBER of COMMERCE

Health and Wellness Summit Vendor Terms and Conditions

BOOTH SPACE: The Health Summit will be held outside at the Niles-Buchanan YMCA parking lot. Gymnasium will be available in the case of inclement weather. Electricity will not be available, except for food vendors, which will be located inside the Niles-Buchanan YMCA where a multi-purpose room, electricity, kitchen facilities, and refrigeration are available. Exhibit space measures 8 feet wide by 6 feet deep. If you plan to use your own trade show exhibit or require larger dimensions, please contact chamber staff to make arrangements. Vendor agrees to provide their own booth supplies, including but not limited to tables, chairs, tent or shade (venue is outside), change for customers, shopping bags for merchandise, and receipts for customers. If you are unable to provide a table and chairs for your booth, please contact the chamber to make other arrangements for your booth set-up.

SET-UP TIMES: Set-up may begin at noon and must be completed by 1:00 p.m. Volunteers may be available to assist you with moving your display items to (and from) your booth. Chamber staff will be onsite if assistance is needed. No booths are to be dismantled or items removed before 6:00 p.m.

CARE OF PROPERTY: To comply with all applicable laws and ordinances, including those pertaining to safety. There will be no smoking, eating or drinking in the health fair area. Eating and/or drinking within your booth space is allowed, but the Four Flags Area Chamber of Commerce nor will the Niles-Buchanan YMCA be responsible for any damages or loss that may occur. To keep merchandise, equipment, personnel, and/or all other materials within the rented booth space and to keep aisle ways clear. No children under the age of 16 will be permitted to work in booths during show hours. The Vendor must supervise children assisting with set up.

LIABILITY: The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of injury or damage to exhibitors' displays, equipment, and other property brought upon the premises of the facility and shall indemnify and hold harmless the Health and Wellness Summit committee, sponsors, host organizations, volunteers, and paid staff from any and all such losses, theft, damages, and claims.

CANCELLATION: If cancellation is made prior to May 1, 2014, at the vendor's request, booth fee less a \$10.00 cancellation fee will be refunded upon written request. This contract will be null and void if the health fair is cancelled for any reason. The Vendor forfeits any and all claims except refund of the booth rental fee received by Four Flags Area Chamber of Commerce and reserves the right to cancel this contract prior to May 1, 2014, and full refund of the booth fee paid by the Vendor will be made.

Please Check ☐ I have read and, on behalf of all company representatives and I, agree to abide by the conditions above. I hereby agree that the registration information is correct to the best of my ability and also agree to the above terms, and certify that I have the authority to enter into this agreement.

Name (Printed) _____ Signature _____

Date _____