



Wheelchairs Plus
First Annual
Vehicle & Home Access Healthy Living Expo
EXHIBITOR APPLICATION & CONTRACT



Business Name: _____ Contact Person: _____
 Business Address: _____ City _____ Zip _____
 Business Phone: _____ Cell Number: _____
 Business Fax: _____ Email Address: _____
 Please describe your business: _____

June 14th
IRA Civic Center
1404 NW 3rd Ave,
Grand Rapids MN
9:00 a.m. to 5:30 p.m.

June 15th
Midtown Square Plaza
3333 W. Division St,
St Cloud MN
10:00 a.m. to 5:30 p.m.

Set up times to be determined, watch our website or call for further information

Join us for both shows and take \$25.00 off!

Equipment	Quantity	Price	Non Profit Price	Total
10 x 10 Booth Grand Rapids		\$100.00	\$25.00	
10 x 10 Booth St Cloud		\$100.00	\$25.00	
8' draped table Grand Rapids		\$10.00	\$10.00	
8' Draped Table St. Cloud		\$10.00	\$10.00	
Folding Chairs Grand Rapids		\$1.00	\$1.00	
Folding Chairs St. Cloud		\$1.00	\$1.00	
Electricity 110v	(circle one) Y or N	Free	Free	
Electricity 220v		\$30.00	\$30.00	
WiFi	(circle one) Y or N	Free	Free	
Total:				
\$25.00 off if exhibiting at both shows				
Grand Total:				

100% of total amount due must accompany the signed contract. . No refunds to Exhibitors will be made after May 15, 2011.

Make checks payable to: Wheelchairs Plus

Mail Application and Check to:

Wheelchairs Plus
 Attn: Laurie Nivala
 502 SE 10th ST
 Grand Rapids, MN 55744

Waiver

I understand and agree that I assume full responsibility for any damage to my display from any cause or loss thereof; and that I will indemnify and hold harmless Wheelchairs Plus from any claim or cause or action. This contract is non-transferable.

I, the undersigned, have read, understand and agree to the above statement.

 Exhibitor Signature

 Date