



Meet the Members Application

Tuesday, May 27, 2008

White's in Westport, MA

6:00-9:00 pm

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone Number: _____

Website: _____

Email Address: _____

- ❖ Each booth space is for the approved applicant only. There is no sharing of booth space.
- ❖ You must be a current member of the NEHCC to secure booth space.

Please provide a description of your exhibit, including all items and services you will be promoting, displaying or selling: _____

Participants will receive a listing in the Meet the Members Handout that attendees will receive. **Please print the information you want included clearly.**

1. Business Name: _____

2. Website or phone number: _____

3. Contact Name: _____

4. Description of Business – (Must 15 words or less) _____

There is limited access to electrical outlets available on the site. These locations will be assigned on a first-come-first-served basis. If your display requires access to power please indicate on the following page.

1. Cancellation Policy: Cancellations prior to May 5 will receive a full refund. There will be no refunds for cancellations made after May 5, 2008.

2. Exhibitor Set-up: Set up will be from **5:30 pm-6:15 pm**. Doors open to the public at 6:30

- Half table approximately 4' long \$25**
- Full table approximately 8' long \$50**
- Please reserve a space with Electricity for me.**

Payment is due with application via check or credit card.

I authorize the credit card below to be charged in the amount that coincides with my choice above.

Name as it appears on card: _____

Billing Address: _____

CC# _____ **Exp:** _____

CSV Code: _____ (3 digits on reverse side of card: 4 digits on front for AmEx)

Type of Card: **Visa** **MC** **Discover** **AmEx**

SIGNATURE: _____

3. Taxes: If you are selling products it must be noted on this application. Exhibitors are responsible for state, federal and local taxes.

4. Insurance: No insurance is provided for the benefit of exhibitors or their property. Exhibitors shall indemnify and hold harmless the NEHCC and its affiliates from any damages, losses or liabilities arising out of their presence in all areas of the premises.

I have read the terms and conditions in their entirety. I understand and agree to these terms and conditions. All applications are subject to approval.

Signature _____ **Date:** _____

Please submit your signed application with a check made payable to The NEHCC and mail to:
New England Holistic Chamber of Commerce
PO BOX 3085
South Attleboro MA 02703

Or submit your signed application via email or fax and pay via Paypal to:
payment@neholisticchamber.org

Or print the application, fill in the credit card information, sign and fax to:
888-299-3154