

<u>Life After Fifty</u> <u>Be Well Expo: Exhibitor Application</u>

Saturday, September 28th, 2024, from 9 am – 2pm Arbor Memorial, Victoria Greenlawn 1525 Hwy ON-#3

How to complete the VENDOR/EXHIBITOR APPLICATION form:

- Download and save document.
- Fill in all boxes.
- Save document again, label document with your business name.
- Attach and send by e-mail to lkane@lifeafterfifty.ca by July 25th, 2024
- Attach high resolution logo to email.

What is the Be Well Expo?

Join Life After Fifty as we celebrate and share the many ways of living well in Windsor and Essex County! This one-day event will be jam-packed with information & activities including an expo featuring helpful products & services, interactive activities, information sessions/panels, free class demos, craft sales, live entertainment and much more!

What will you Receive as an Exhibitor?

- One 6' table, tablecloth
- 2 Chairs

What is the Cost?

- \$100 for for-profit businesses
- Free for non-profit organizations
- \$15 for access to electricity (additional fee)

Note: We have a limited number of vendor spaces, therefore it is possible that not all vendors who apply will be granted space at the event. We want to ensure that we have a balanced mix of wellness activities and services covered.

We will be in touch with you to follow up with either a vendor contract, or information on how to purchase a listing in our Be Well Resource Guide.

(Any business or organization can purchase a listing in the Be Well Resource Guide. The Resource Guide is not limited to vendors who will be at the event.)

Vendor/Exhibitor Application Form

| Business/Organization Name: | | | Business/Organization Contact: | |
|-----------------------------------|-------------------------------------|--|--|--|
| Contact Phone: | | Contact Email: | : | |
| Listing type: (Circle one) | | Preferred Method of Contact: (Circle one) | | |
| Business | Non-Profit | Phone | Email | |
| Require Acces Yes: | s to Electricity (\$15): No: | | | |
| Does your bus Yes: | siness/organization hav | If Approved as a Vendor, Certificate of Insurance (COI) with Life After Fifty and Arbor Memorial added as additionally insured will be due by September 20 th , 2024. | | |
| Please provide below will be u | sed in the Be Well Reso | l like potential cl | ormation ients to see if different from above. Information provided | |
| Business/Orga | anization Name: | | | |
| Phone: | | Wehsite: | | |

Address 1:

Booklet will be divided into categories ex. health services in Windsor, prepared meals, hobby classes/ groups, things to do, financial wellness, in-home care for seniors, shop local, holistic products/ services, etc.

Category you would like your business to be listed under:



