BUY LOCAL HEALTH & FITNESS FESTIVAL











EXHIBITOR REGISTRATION

Exhibitor Information: Business Name (print business name as you would like it	t to appear on all collateral)	Contact Nan	1e(Please print)
Phone Number	Em	ail	
Twitter @	Instagram	Instagram Facebook	
Exhibitor Booths: Each Exhalong with a listing at the eve		ıdes one 6-foot tab	le & two chairs,
Exhibitor Type:	Char	nber Members	Non-Members
□ Exhibitor Booth		\$300	\$500
□ Nonprofit Booth		\$250	\$350
☐ Buy Local Member \$50 D	Discount (become a mer	mber and receive	the discount!)
Canopy: ☐ Canopy (10ft x1☐ Bringing own C☐ No Canopy	l0ft) \$250 Canopy (10ft x 10ft max)		ades: □ Extra Table \$20 □ Extra Chair \$10
SM Chamber New Member ☐ SM Chamber Membershi Includes 1 year Chamber ☐ SM Chamber Nonprofit I Includes a 1 year Chamber	p + Booth Package \$6 membership at a specia Membership + Booth P a	00 I rate for a busines ackage \$450	s with up to 10 employees. rofit.
Billing Information:			
Billing Address:			
City:	Sta	ate:	Zip:
Card Number:			(Visa/MasterCard/ Amex)
Name on Card:	e on Card: Security Code Exp: /		
Signature*:			
Please Email or send your complet Your form reserves your space. All paym	ed form and payment by the dea nents are due <i>before</i> the event. C	adline, Friday, August ancellations received 14 c	: 17th to <u>Marketing@smchamber.com</u> calendar days prior to the event will receive a

In Partnership With:

50% refund. Cancellations received less than 14 business days prior to the event will be charged the full registration fee. No-shows will incur a 100% registration fee charge. Questions? Please contact our Marketing and Events team at Marketing@smchamber.com

SANTA MONICA CLASSIC











