



## WELLNESS FAIR PARTICIPATION FORM

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Briefly explain the nature of your business:

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2. Will you provide discounts/sample products/giveaways?

Yes

No

If yes, please describe: \_\_\_\_\_

3. Will you provide door prize?

Yes

No

If yes, please describe: \_\_\_\_\_

4. Will you be selling merchandise, items, or other goodies?

Yes

No

If yes, please describe: \_\_\_\_\_

*\*Please note one 6-foot table and two chairs will be provided for each participating vendor. We are unable to provide access to electrical outlets.*

Please return this form by **Monday, April 19, 2024** to  
Nicholena.Hamilton@palmbayflorida.org OR 120 Malabar Road, SE, Palm Bay, FL  
32907.