



**The New Tampa - Wesley Chapel Health Expo 2010
Participation Agreement**

This agreement will serve to confirm your organization's commitment to participate as a Vendor in the New Tampa ~Wesley Chapel Health Expo 2010 to be held May 15, 2010 at 12 to 3 PM.

Please complete the following information:

Company Name: _____

Contact Name: _____ Contact Title: _____

Street Address: _____

Business Telephone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Email: _____

PLEASE CHECK WHERE APPROPRIATE:

_____ YES! Our company will participate in the New Tampa ~ Wesley Chapel Health Expo 2010 on Saturday, May 15, 2010 from 12 to 3 PM.

We will need: (Check if Needed) _____ Table _____ 2 Chairs _____ Electric

_____ Booth Only \$175 _____ Corporate Sponsor (8) \$300*
_____ Bag Sponsor (4) \$500** _____ Presenting Sponsor (1) \$1,500***

I would like to advertise in the Event Program: ___ Full Page \$150 ___ Half Page \$75 ___ Quarter Page \$50
___ Back Page \$250 ___ Inside Front Cover \$200

Form of Payment: _____ Check # _____

_____ Credit Card # _____ CVV _____ (3 Digit Code on Back of Card)

Sign: _____

Name: (please print) _____

Title: _____ Date: _____

Please submit this completed agreement with your payment to:

New Tampa Marketing & Concierge Services, Inc
2340 Wells Ferry St., Ste 108
Wesley Chapel, FL 33544
Or Scan and Email to maryann@newtampamarketing.com (Preferred)
Phone: 813-765-8113

New Tampa ~ Wesley Chapel Health Expo 2010 Participation is on a first come first serve basis. Space is limited so we urge you to commit as soon as possible to guarantee your space!

* Corporate Sponsor will have their company name appear in advertising for the event including Print and Posters.

** Only 4 spaces for logos available on bags.

*** Presenting Sponsor will have their logo appear prominently in the Title for all advertising including Print, Posters and Radio and will have priority placement for their booth.

For more information, visit www.newtampamarketing.com

