

**The 1st Annual
Indigo Festival**

Hosted By Family Chiropractic Center

Saturday, May 15, 2010, 11:00 am – 4:00 pm
Camp Jefferson, Lake Hopatcong, NJ

VENDOR REGISTRATION FORM

Date: _____
Business Name: _____
Contact Name: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____ Website: _____
Brief Description of Products & Services: _____

Special requests are given to Vendors in the order of date received. (Limited Availability)

Electrical Outlet: Yes / No

I would like to participate in the Gift Bags: Yes / No If yes, what will you provide and how many?

I would like my business contact information added to the website Vendor List: Yes / No

Other: _____

Vendor Space

Early Bird Registration (payment must be received by April 5, 2010) \$137.00 _____

Registration Fee (If payment received after April 5, 2010) \$197.00 _____

Additional T-Shirts Quantity _____ x \$18 = _____

TOTAL: _____

Please answer the following questions:

1. How would you like your name to be listed in our advertising? Please limit this to 3 words following your name, as we are limited on advertising space.

2. Please give us a tag line describing your work. Please limit this to 10 words or less.

3. Will you be bringing staff members with you for the event? Yes / No Please list names and T-shirt sizes. (Please note all additional shirts are \$18 each and we are asking that all participants have one on).

4. Are there any special requirements that you have for the day of the event? Yes / No

5. Will you be offering anything for the raffle? Yes / No If so, please give details and price value.

6. Will you be able to send out an announcement flyer to your e-mail distribution list? Yes / No If so, how many people are on your list? _____

7. Are you interested in doing hands-on bodywork at the event? Yes / No If so, you must provide professional liability coverage for the day, naming the LOCATION. We will give you more information if needed.

8. Will you be able to print and distribute flyers for the event in your community? Yes / No If so, how many? _____

9. What is your T-shirt size? _____

10. Will you be able to attend the Pre-Event Planning Party on May 4, 2010 at 7:00 pm at Family Chiropractic Center? Yes / No How many people will be with you? _____

****Payment in full is required at time of registration. Please make check payable to Family Chiropractic Center and indicate "Indigo Festival" on front of check. For credit card payment, please call us at 973-663-5633. We will send you a receipt.**

Registration form, signed contract and full payment must be received in order to secure your space.**

Signature: _____ Date: _____

Name (Please Print): _____

Please Return to: Family Chiropractic Center
Attn: Amy Cieslik
21 Bowling Green Parkway, Suite 201
Lake Hopatcong, NJ 07849

Phone: 973-663-5633
E-Mail: fccteam@optonline.net
Website: www.hartmanindigofestival.info