



# GREEN HEALTHCARE USA

## “Health & Wellness EXPO”

Saturday - March 20, 2010

10am-4pm

## Vendor Application

Company Name: \_\_\_\_\_  
Product/Service: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

1 - 6ft table/2 chairs AZHCC Member \_\_\_\_\_ \$125<sup>00</sup> Non-Member \_\_\_\_\_ \$150<sup>00</sup>

Additional table \_\_\_\_\_ \$75<sup>00</sup> Additional chair \_\_\_\_\_ \$5<sup>00</sup>

There will be no electricity available for this event.  
You will also have to provide your own table covering.

(optional-limited availability) 20 minute demonstration \_\_\_\_\_ \$50<sup>00</sup>

Total Amount Due \$ \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

\$50<sup>00</sup> non-refundable deposit required

\* Balance to be paid in full by March 1, 2010

\* If for any reason your application is not accepted, all monies will be refunded by March 15, 2010

Payment method:  Check Enclosed  Discover  Visa  MasterCard

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Checks are to be made out to: **Peak Performance**

All applicants must sign and date below

**I agree to the terms and conditions specified in this agreement:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail application form to: **Green Healthcare USA** 4250 E. Sahuaro Drive ~ Phoenix, AZ 85028

For information/questions: [info@GreenHealthcareUSA.org](mailto:info@GreenHealthcareUSA.org)