



12<sup>th</sup> Annual Community Health Expo 2019  
Saturday, March 9, 2019 9:00 am – 2:00 pm  
Coral Ridge Presbyterian Church, 5555 N. Federal Hwy  
Ft. Lauderdale, FL 33308

# EXPO VENDOR AGREEMENT

Organization Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Describe the type of service(s) that you will be providing and any special requests you may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. **REGISTRATION FEE:** \$150.00 Registration includes one table and 2 chairs at Expo
2. **REGISTRATION FEE for (Non-Hospital) 501c3 Organizations:** \$25.00 Registration includes one table & 2 chairs at Expo.

In order to reserve your spot at the Expo, please:

1. Mail, fax or email your completed Vendor Agreement to Light of the World Clinic at the address listed at bottom of page.
2. Registration Fees can be mailed in, called in via credit card or processed on our website at <http://www.lightoftheworldclinic.org>

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

.....  
Send Completed Vendor Agreement by MAIL, FAX or EMAIL TO:

**ATTN: Health Expo Coordinator**

5333 N. Dixie Hwy #201, Oakland Park, FL 33334

Phone: (954) 563-9876 Fax: (954) 563-3670

Email: [slozano@lightoftheworldclinic.org](mailto:slozano@lightoftheworldclinic.org)