

WISDOM, WEALTH, AND WELLNESS
A Seminar for Women of All Ages

Saturday, September 18, 2010

INFORMATION

(PLEASE PRINT)

Name of Business/Organization _____

Name of Additional Staff _____

Contact Person _____

Address _____

City, State, Zip _____

Phone (_____) _____ Work (_____) _____ Cell (_____) _____

Fax (_____) _____ Web Address _____

E-mail Address _____

Type of Product or Service _____

FEES

Number of Tables _____ X \$200.00 per table total \$ _____

Corporate Tables _____ X \$500.00 per table total \$ _____

(Due by August 21, 2010). Two representatives per table.

**Vendor space is limited and reserved on a first-come, first-served basis.
Set up begins at 7:30 a.m. and breakdown ends at 4:00 p.m.**

PAYMENT INFORMATION

Make checks payable to: Slade&Associates, LLC

CREDIT CARD INFORMATION Visa MasterCard

Card# _____

Authorized by (print name as it appears on card) _____

Signature _____

I authorize the amount stated above to be charged to the credit card provided.

A non-refundable \$200 fee must accompany this signed form. Subject to approval by Slade&Associates, LLC.

