



**Sierra Vista Elks Lodge Alternative Medicine Fair
 November 3, 2017 from 4-6PM
 Sierra Vista Lodge 2065, 1 Elks Lane
 Sierra Vista, Arizona 85635
 520-458-2065
 Practitioner Registration Form**

Company Name _____

Company POC _____

Company Address _____

Company Phone /Cell Phone _____

Company Email _____

Are you an active member of any Elks Lodge _____

Type of Practice: _____

Space/Dimensions Required _____

We are planning 6' table spaces for each vendor, but we will try to accommodate your needs. .

Do you require power for your space _____

We will provide power on a first come, first serve basis; vendors must bring their own extension cord

**Do you wish to make a presentation on your practice/profession/product to the audience?
 If so, please provide the topic below so we can include your presentation topics in our
 advertising:**

Do you have any special needs: _____

We request registration forms be completed and sent/delivered to the Elks Lodge at the address above along with your check, credit card or cash for \$40.00 NLT 20 Oct, 2017 so we may plan our space/vendor booth layout accordingly. Booth fees may be tax deductible as a donation to a non-profit organization. We will also need a copy of your certificate of liability insurance for our records. Your liability insurance or professional business insurance company can provide you this certificate if you provide them sufficient notice prior to the event. Additionally, please email me a copy of your registration form for my records. If you have any questions, please feel free to contact me directly. My contact information is below.

Thank you for your support of a great cause
 Best Regards,

Larry Singer
 Entertainment Committee

(520) 508-6878 cell / larry.t.singer@gmail.com email