



HEALTH AND WELLNESS EXPO REGISTRATION FORM

Date: Friday, August 26
Time: 10:00 – 2:00
Location: Baker Community Center
7942 Church Street
Millington, TN 38053

Exhibitor Business Name: _____
Contact Name: _____
Street Address: _____
City/State/ZIP: _____
Phone Number: _____
Alternate Phone Number: _____
E-Mail Address: _____

Booth Rate: \$100 Millington Chamber Member \$150 Non-Member

Prepayment is required to reserve booth. Cash, Check, VISA/MasterCard accepted. Booth space is reserved on a first-come-first pay basis and will be confirmed only when payment is received in full at the chamber office. Each booth will have one skirted 6' table and two chairs. **Signage WILL NOT** be provided. **Booth assignments will be given out the day of set-up.** Exhibitor is responsible for their own signs. For more information, contact Teri at 872-1486.

Cash _____ Check # _____ Visa/Mastercard # _____ Exp. _____

Signature: _____ Date: _____

Make all checks payable and mailed/delivered to:

Millington Area Chamber of Commerce
7743 Church Street
Millington, TN 38053
901-872-1486
Fax 872-0727
info@millingtonchamber.com

