

Trade Show Booth Request Form

Name of Distributor Host:

Acct #:

Phone Number:

Email:

Date of Event:

Name of Event:

Address to ship Booth (prefer Distributor Host versus a hotel address):

Date Need Booth By:

Items to include with shipment (Please check all items you want):

Trade Show Booth: _____

Header (12x72):

SH Simple Solutions _____

Global Income Opportunity_____

Whole Food Nutrition_____

Panels (30x40):

Panel 1- Super Foods Simple Solutions _____

Panel 2- Stem Cell Nutrition_____

Panel 3-Our Vision_____

Panel 4- 25 Years Success_____

Scrolling Banner: _____ (please pick one banner)

Banners: SBGA _____ (Dan O'Brien, Digestive Supplements, Specialty Supplements)

New Algae Co _____ (Blue Green Algae)

Method of Payment for Shipping: The distributor host will be responsible for shipping costs to/from the event. If you would like an estimate prior to final agreement, please let us know.

Visa/MC/Discover/AMEX (circle one)

Card Number:

Security Code on back of card:

Name on Card:

Billing Address with zip code:

Exp Date:

I would like an estimate on shipping before charging my card: ____Y ____N

I agree to handle each item with care and I am responsible for the condition in which it is returned to Simplicity Health. I will pay for any replacement charges if any of the above checked items are damaged.

Signature

Date

Please fax this form to 541.885.4343 or call Fran at 541.882-5406 ext. 1240 no later than 2 weeks prior to your event.