



# Annual Beauty, Health & Wellness Expo

Saturday, October 03, 2009  
NY Marriott at the Brooklyn Bridge  
333 Adams Street Brooklyn, NY 11201  
10am - 6pm

## Exhibitor Application Form

**BUSINESS NAME** \_\_\_\_\_

[To appear on all Expo marketing (web/print/etc.) and exhibitor name tags]

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**WEBSITE ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

### **BUSINESS DESCRIPTION**

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

### **BUSINESS CATEGORY** (please specify one)

- Business Products & Services     Green Products & Services     Financial     Fitness  
 Food & Supplements     Health & Beauty     Home Products & Services     Insurance  
 Non Profit/Health Organizations     Yoga     Self-Improvement     Seniors' Health  
 Weight Loss     Wellness     Spas     Other (please describe) \_\_\_\_\_

### **DISPLAY SPACE INFORMATION**

**1 Display Area = 6' x 5', including a 6' clothed and draped table and 2 chairs**  
**Layout of display spaces is at the discretion of NACC**

**\*\*\*\*\*Payment is due upon acknowledgement by NACC \*\*\*\*\***

**\*\*\*\*Space is not considered confirmed until receipt of payment\*\*\*\***

**REGISTRATION DEADLINE & FEE September 25, 2009 - \$500:**

DISPLAY SPACE: \_\_\_\_\_ x \$500 = \_\_\_\_\_

**ADDITIONAL REQUIREMENTS:**

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\_\_\_\_\_ Please consider my business for a 20 MINUTE SEMINAR

\_\_\_\_\_ Please consider my business for a 20 MINUTE DEMONSTRATION

\_\_\_\_\_ I am interested in ADVERTISING in the NACC SPECIAL EXPO INSERT

\_\_\_\_\_ I am interested in SPONSORSHIP OPPORTUNITIES

**ADDITIONAL COMMENTS:** \_\_\_\_\_

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**I have read and accepted the NACC Beauty, Health & Wellness Expo 2009 "Terms and Conditions"**

YES

NO

**If further information/assistance is required, please call 718-722-9217 or email [pPhillip@mynacc.org](mailto:pPhillip@mynacc.org)**

**For Expo Management Only:**

Accepted By: \_\_\_\_\_

Date received: \_\_\_\_\_

Table Assignment: \_\_\_\_\_