



Alzheimer's Association Fundraiser Wellness Expo June 21 2008

Vendor Registration

(Please, include information for the services/products you present at the Expo only)

Name:	Company:
Street:	City:
Zip:	
Services/Products:	e-mail:
	Phone:
	Website:

By signing below I agree and understand that:

- I must pay non-refundable registration fee of \$50 (must be received by June 14 2008). All fees are non-refundable
- I must make a donation of _____% from all my proceeds from this event to Alzheimer's Association
- I must comply with all licensing and regulatory requirements for my profession.
- I further avow that I shall hold harmless Healthy Connections (and any employees or agents) thereof, from and against any losses, damages, costs or expenses incurred by me, the undersigned, as a direct or indirect result of my activities during the Wellness Expo. My signature below releases Harmony Life (and any employees or agents) and Butterfly Life 512 Wade Ave, Raleigh, NC 27607 from any medical or legal claims.
- I must arrive at least 30 minutes before the start to set up the table

Signature: _____ Date: _____

Print Name: _____

Please, send registration to: Harmony Life, 1251 NW Maynard Rd, PMB 119, Cary, NC 27513