

HEALTHY LIVING for the HOLIDAYS

SUNDAY, NOVEMBER 6, 11am-5pm
Founders Hall, Charles Towne Landing

Full Payment required with Exhibitor Registration: \$150/table
Current Contract Advertisers receive special rate of \$125/table
Registration includes one (1) table, two (2) chairs; and 1 tablecloth

EXHIBITOR REGISTRATION (Please fill in all applicable fields)

Number of Booths requested: _____

Organization/Business Name: _____

Contact: First & Last Name: _____

Alternate Contact: First & Last Name: _____

Business Phone: _____ Fax: _____

Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Email(s): _____

Paying by: check _____ credit card (use attached cc form) _____

ALL vendors must be setup and manned between the hours of 11am-5pm on Sunday, 11/6/11.
Please be respectful and do not dismantle prior to close of festival at 5pm. Registration may be
Mailed to: Natural Awakenings/GLF, P O Box 577, Ladson SC 29456 OR Faxed: 843-821-7405
Or Scanned & Emailed to ads@nalowcountry.com.

Please give a brief description of your business/products/services:

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Credit Card Billing Authorization Form

All requested information is required

I authorize Natural Awakenings to bill the card listed below as specified:

Amount \$ _____ Frequency: One Time

Start billing on (today's date): _____ End billing: After One Time Charge

Natural Awakenings accepts the following credit cards: Discover, Visa, MasterCard and American Express.

Credit Card # _____ Expiration _____

Name as it appears on Credit Card _____

Billing Address for Credit Card _____

_____ Zip Code _____

3 Digit Code (from signature line on back of credit card) _____

Or 4 Digit Code for Amex (on front of card) _____

Cardholder's Signature

PRINT FORM - PROVIDE INFORMATION – FAX TO (843) 821-7405 or RETURN BY MAIL TO THE ADDRESS BELOW. ALL INFORMATION IS CONFIDENTIAL AND SECURED.