

Knowledge For Success



Health Fair

Vendor Registration Form

February, 25th, 10:00am-4:00pm,

Hosted by:

Knowledge For Success, Inc-Toni Allison

D3 Seminars-Pam Weatherford

At Your Service Personal Concierge-Trisha Goode

LaMancha Business Center, Bldg #3, Event Center

3120 Merida, FTW, TX 76109

Contact Details

Vendor Name _____ Business/Organization Name _____

Mailing Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Cell _____ Fax _____

Email _____ Website _____

Vendor Details

Exclusivity of one vendor per business name, not industry ie: (1)Juice Plus, but other nutritionals (1)Monarch Dental, but other dentist

Description of goods sold or services provided: _____

Our donation of a door prize is _____ Value _____

Bring your own table: 4' or 6' table (please circle) Use of our tables: **\$5.00**, limited number available

Electricity at an extra fee of **\$10.00**, 10 spaces only!

Are you a client of Knowledge For Success? Yes No

- ❖ The vendor site layout will be re-designed as needed to accommodate all vendors. The final location of the vendors will be at the discretion of Knowledge For Success. However, every attempt will be made to position you as per your request.
- ❖ Special Request: _____
- ❖ **Set-up begins @ 8:30am**, not available the night before. **Tear down at 4:00pm**, when event is over, not before. Should you decide to tear down early, you may not be asked to show at the next event.
- ❖ You are responsible for your sales and products. KFS cannot be held responsible for loss of products or injury.
- ❖ No refunds after February 11th.

I understand and agree to terms. Signature: _____

Questions? Email: Toni.Allison@KnowledgeForSuccess.org or Pam@D3Seminars.com

Costs: _____ **\$25.00**-Early Bird Registration, paid by end of day, Feb.3rd
 _____ **\$40.00** Regular Registration due by end of day, Feb.17th After the 17th, \$55.00
 _____ Electricity: **\$10.00** extra
 _____ Use of our tables: **\$5.00**, (Sorry, no Table Cloth provided)
 _____ Total Due to Knowledge For Success, Inc

Visa , Mastercard and Discover accepted. Payment Amount Authorized: _____

Card # _____ Expiration: _____ CVS Code _____

Name of Card: _____ Billing Address: _____

Zip: _____ Signature: _____

Check or money order payable to: **Knowledge For Success, Inc**
Proceeds benefit the New Quest Scholarship program.

Deliver or Mail to: Knowledge For Success, Inc
2701 West Berry, Suite 150
Fort Worth, Texas 76109