

## EXHIBITOR REGISTRATION FORM

E.C. Tyree Health & Dental Clinic  
Community Day  
Saturday, July 24, 2010

NAME_____
BUSINESS_____
ADDRESS_____
CITY_____ STATE_____ ZIP_____
TELEPHONE_____ DAY_____ NIGHT_____
EMAIL_____
PRODUCT DESCRIPTION_____

- Yes, I will participate as an exhibitor in this year's Community Day.
- I have read and understand the vendor information letter.
- I understand the \$100.00 registration fee includes **one (1) table, two (2) chairs.**
- I understand that my space is not reserved until full payment has been made and that set up must be completed by 8:00am on Saturday, July 24, 2010
- I have enclosed a check in the amount of \_\_\_\_\_ for \_\_\_\_\_ # of tables.

❖ *Exhibitors requiring additional tables/space will be assessed an additional fee of \$25.00 per table*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return no later than June 30th to:**

E.C. Tyree Health & Dental Clinic  
1525 N. Lorraine, Wichita, KS 67214  
Attn: Stefanie Harper

**Checks should be made payable to:**

E.C. Tyree Health & Dental Clinic