

# 5th Annual East Meets West

## BUSINESS BONANZA & HEALTH FAIR

**EXHIBITOR APPLICATION**  
**Sunday March 25, 2012**  
**10:00 a.m. – 2:00 p.m.**  
**Bartlett High School Gymnasium**  
**52 Lake Parkway, Webster, MA**

### General Information

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### EXHIBIT DESCRIPTION

\_\_\_\_\_ **I'd like to Demonstrate my Product/  
 Service in the Public Demonstration Area**  
 (please describe demonstration, indicate time(s) you are  
 available to present and how long the demonstration lasts)

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

This event is FREE TO THE PUBLIC and will be advertised through local papers, access channels, radio stations, emails, and online. PLEASE help us spread the word about the 5th Annual East Meets West Business Bonanza & Health Fair to your clients and patrons by posting flyers and forwarding emails to your contact list. Thanks!

### 10' x 6' Booth Options All booths will be supplied with two chairs

**\*We are requesting vendors donate a raffle prize (product or certificate) for the end of event raffle or make a donation to Life-Skills, Inc. All proceeds from this event benefit local adults with developmental disabilities. Thank you!**

	<b>Fee:</b>
Businesses \$50 BEFORE 12/31/11	_____
Businesses \$75 After 1/1/12	_____
Non-profits \$20 BEFORE 12/31/11	_____
Non-profits \$30 After 1/1/12	_____

\_\_\_ I **do** need electricity\*(\$15.00 Fee) \_\_\_\_\_  
 (Limited number of electrical outlets;  
 first come first serve basis)  
 \_\_\_ I **do** need a table (included) \_\_\_\_\_

**TOTAL BOOTH FEES:** \_\_\_\_\_

### Sponsorship Options

(Advertising in Event Booklet; Artwork and payment must be received by 3/3/12 to be included in booklet)

1/3 Page (5 1/2W x 2 3/4L) Advertisement	\$35	_____
1/2 Page (5 1/2W x 4L) Advertisement	\$50	_____
Full Page (5 1/2W x 8L) Advertisement	\$100	_____

**TOTAL FEES (Booth & Sponsorship):** \_\_\_\_\_

Payment: \_\_\_ Check (Payable to Life-Skills, Inc.)  
 Credit Card: \_\_\_ MC \_\_\_ Visa \_\_\_ Disc  
 Card #: \_\_\_\_\_ Exp. \_\_\_\_\_  
 CID # (3 digit on back) \_\_\_ Billing Zip \_\_\_\_\_

Please Return Application & Payment to:  
**Life-Skills, Inc.**  
 44 Morris St., Webster, MA 01570  
 Attn: Cindy Lebeaux  
 Phone 508-943-0700 x2112  
 FAX: 508-949-6129  
 Email: clebeaux@life-skillsinc.org

Presented by:

