



## Exhibitor Application

P.O. Box 7, Aldie, Virginia 20105-0007  
Phone (703) 327-3737, Fax 703.327.6800,  
Email: Jennifer@7company.com

Space for each Fair will be assigned upon receipt of appropriate payment from Exhibitor, provided a signed Exhibitor Application and Exhibitor Agreement are on file with 7Company LLC

Company Name \_\_\_\_\_

Representative's Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone \_\_\_\_\_, Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Website www.\_\_\_\_\_

Type of business: (circle) For-Profit business OR Non-Profit Business/Organization

Description of Services: \_\_\_\_\_

Electricity Required: (circle) yes no (You must provide your own electrical cords),

For each Fair or event:

- Exhibitors are requested to provide a door prize;
- A copy of your liability insurance is required; and
- A six (6) foot table and two (2) chairs will be provided to Exhibitor.

Exhibitor hereby authorizes 7Company LLC to reserve space at one or more Health & Wellness Fairs, for the sum of \$\_\_\_\_\_ for each Fair or other event.

\_\_\_\_\_  
Signature of Exhibitor (required)

\_\_\_\_\_  
Date

Please mail your **Exhibitor Agreement** and this **Exhibitor Application** with a check made payable to "7Company" along with a copy of your Certificate of Liability Insurance. If you wish to pay by credit card, fill out section below. We accept Visa, MasterCard and American Express. We will contact you when we confirm your reservation. You may also fax a copy of your Certificate of Liability Insurance. All reservations for Fair participation will be confirmed within five (5) business days of receipt.

VISA/MasterCard/AMEX # \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you decide to cancel, written notice (email or fax) must be given 2 weeks before event, or Exhibitor Application fee will be forfeited.