



## 2021 RETAILER ON-SITE REGISTRATION FORM

### RETAIL BUSINESS INFORMATION Proof of business license may be requested.

Store Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) (\_\_\_\_) Fax: (\_\_\_\_) (\_\_\_\_)  
 \*Email: \_\_\_\_\_

\*Providing an e-mail will ensure you receive timely registration confirmations, critical updates and exhibitor follow up in a way that saves time, money and paper.

Check your preferred means of communication from SENPA & SOHO Healthfest:

Mail  Email

### ATTENDEE INFORMATION

Check appropriate box:

- Yes, my business is a **SENPA MEMBER - FREE** entrance to all functions. **(FULL-ACCESS)**
- I am paying dues with this registration \$95 for SENPA membership. **(FULL-ACCESS)**
- I am attending exhibits and seminars as a non-member for \$50 per person. **(FULL-ACCESS)**
- Check here to attend **EXHIBITS ONLY** at **NO CHARGE**

### Fill in name of each staff member and check each function attending for Full Access Badges

	Buyer	Staying at Omni Mandalay	Friday Lunch	Dinner	Sat. Breakfast	Lunch	Dinner	Sunday Breakfast
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Duplicate form for additional names.  
 List and indicate children under 16 on separate form.

**RETAIL MEMBERS GET  
 UNLIMITED  
 STAFF BADGES**

### PAYMENT METHOD

- PAY BY CHECK** - make payable to SENPA Inc.
- PAY BY CREDIT CARD** - Visa, MasterCard and American Express Accepted.

REQUIRED: Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### TOTAL DUE

Registration Fees \_\_\_ @ \$50 (if applicable)..... \$ \_\_\_\_\_  
 Membership dues @ \$95 ..... \$ \_\_\_\_\_  
 SENPA Support Club ..... \$ \_\_\_\_\_  
 Add \$10 X \_\_\_ # of attendees registered after 4/9/20 \$ \_\_\_\_\_  
**Grand Total: \$ \_\_\_\_\_**

**NOTE: All Meal Functions require registration and are FREE for FULL-ACCESS attendees**

**A confirmation will be sent via your preferred method checked above. Please review confirmation upon receipt. Badges to be picked up at show.**

### SPECIAL SERVICES

Check here if an attendee requires special accommodations to fully participate. Attach a written description of their needs and their name.



**Everyone is required to wear a SOHO Healthfest badge at ALL functions. Advance meal reservations are required due to the number of sponsored meal sessions. Meals available on a first-come basis. Once the event is "sold out", we will be unable to confirm a reservation for that event.**

