



## 2025 RETAILER PRE-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:

Mail  Email

Your registration confirmation will be sent via your preferred method checked above.

**PLEASE review confirmation upon receipt.**

### ATTENDEE INFORMATION

After 3/25/2025 add \$10 to every attendee listed below.

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**)

Check here if this is your first time attending  
SOHO Healthfest.

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

Buyer	Staying @ HILTON	Friday Lunch	Friday Dinner	Saturday Breakfast	Saturday Lunch	Saturday 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"/>

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

### PAYMENT METHOD

**PAY BY CHECK** - make payable to SENPA Inc.

**PAY BY CREDIT CARD** - Visa, MasterCard and American Express Accepted.

NOTE: Invoice will be sent with payment instructions. Credit cards are processed through Authorize.net to ensure secure transactions. Your invoice will come from SENPA, Inc. invoice@authorize.net

**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 3/25/25 \$ \_\_\_\_\_

**Grand Total: \$ \_\_\_\_\_**



**Return by  
3/25/2025**

**Retail  
Members get  
UNLIMITED  
Staff Badges**

**Return by 3/25/2025 to AVOID additional fees of \$10 each**

**MAIL, FAX, or EMAIL**  
this completed form  
OR use our convenient  
ONLINE Registration at  
[WWW.SOHOHEALTHFEST.NET](http://WWW.SOHOHEALTHFEST.NET)

**Proudly Produced By**



5946 Main Street  
New Port Richey, FL 34652

**727.846.0320**

FAX: 800.828.7250

info@SOHOhealthfest.net

senpa.org

### 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. Cancellations and requests for refunds must be received in writing by 3/25/25. NO REFUNDS will be made after 3/25/25 or for no-shows.

**NOTE: All Meal Functions require pre-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.**