



2026 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 3/27/2026 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
\$149 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"/>						

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.)

NOTE: Company checks not accepted after January 31, 2026, must be paid by cashier's check or money order.

Pay by Credit Card. American Express, MasterCard and VISA Accepted

(3% service charge added to all credit card payments). 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

ACH Payment (contact office for details)

REQUIRED: Authorized Signature: _____

Print Name: _____ Date: _____

TOTAL DUE

Membership dues @ \$149 \$ _____

SENPA Support Club..... \$ _____

Add \$10 X ___ # of attendees registered after 3/27/26 \$ _____

Grand Total: \$ _____



**Return by
3/27/2026**

**Retail
Members get
10 Staff
Badges
Per Store**

Return by 3/27/2026 to AVOID additional fees of \$10 each

MAIL, FAX, or EMAIL
this completed form
OR use our convenient
ONLINE Registration at
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 3/27/26. NO REFUNDS will be made after 3/27/26 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.