



## 2024 NON-EXHIBITING SUPPLIER REGISTRATION

A manufacturer, wholesaler, distributor, broker, exporter, importer, publisher, marketer, or consultant to the nutritional products and services industry.

### Non-Exhibiting Supplier Categories:

Circle category that best describes your business (includes foreign companies).

Broker

Marketer/Consultant

Distributor

Manufacturer

Publisher

Wholesaler

### Business Details

Include copy of your current business card with application.

NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDITIONAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_

BUSINESS EMAIL \_\_\_\_\_

BUSINESS WEBSITE \_\_\_\_\_

**PREFERRED MEANS OF COMMUNICATION: MAIL**  **EMAIL\***

*By providing email, I am giving SENPA® and SOHO EXPO permission to contact me by email with information on registration and updates.*

Please choose your category below and enter totals:

SENPA Membership Dues @ \$95 ..... \$ \_\_\_\_\_

SENPA Badge @ \$150..... \$ \_\_\_\_\_

Add \$10 per badge if ordered after 4/12/24..... \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

### SOHO HEALTHFEST ATTENDEES

Complete the information requested below for each attendee. The name(s) below will appear on show badge

**NOTE: Badge access does not include sponsored meal functions for retailers.**

List the name of attendees for badges ordered (required)

**LIMIT- 4 BADGES PER COMPANY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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: \_\_\_\_\_

