

# Retailer Hotel Rebate Form



HEALTHFEST  
Showing Others  
Healthy Options

APRIL 26 - 28, 2024

HOST HOTEL



Hilton

DFW LAKES  
EXECUTIVE CONFERENCE CENTER

## \$20 Hotel Rebate

for qualified retailers\*\*  
attending SOHO Healthfest!



1. **STAY** at the Hilton DFW Lakes Executive Conference Center during SOHO Healthfest 2024 – rate \$149 (room rates or availability not guaranteed after 4/4/2024)
2. Submit **REBATE** form along with hotel receipt\* stating the rooms and dates occupied and paid for to SOHO Healthfest via email, mail or fax
3. **RECEIVE** \$20 rebate per room/per night (April 26–28, 2024) used by your qualified retail business attendee at SOHO Healthfest 2024!

**\*\*Submit form by May 27, 2024.** Once rebate form and proper documentation have been received and validated, checks will be made out to business, unless otherwise noted below, and mailed within 6-8 weeks.

REBATES made possible for qualified retailers by



Please **Print** in **BLACK** ink:

### RETAIL BUSINESS REBATE INFORMATION

Name Listed on Hotel Reservation: \_\_\_\_\_

Store Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Email: \_\_\_\_\_

What is the best way to contact you if we have any questions?:  Phone  Email

**MAIL, FAX, or EMAIL**  
this form &  
copy of your  
hotel bill\*  
**by 5/27/2024**

### CHECKS WILL BE MADE OUT TO BUSINESS (unless otherwise indicated)

If check is to be made out to someone other than the business, please provide name to go on the check, the owner's signature and date below:

Make check payable to: \_\_\_\_\_

Business Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



5946 Main Street  
New Port Richey, FL 34652

727.846.0320  
www.SOHOhealthfest.net

FAX completed form to 800.828.7250 **OR** EMAIL completed form to info@SOHOhealthfest.net

