



EXPO Showing Others
Healthy Options

56th Annual Trade Show & Convention: September 10-13, 2026
Gaylord Palms Resort & Convention Center, Orlando, FL

2026 RETAILER PRE-REGISTRATION FORM

Return by 8/22/2026 to AVOID additional fees of \$15 each

**ONLINE
REGISTRATION**
www.SOHOexpo.net
**EASY TO
USE!**

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

Fill in name and email address of each staff member and check each function attending for Full-Access Badges. LIMIT 10 per store.
Each attendee must have an individual email address to register.

	Buyer	Staying @ Gaylord	Friday Breakfast	Friday Lunch	Friday Dinner	Saturday Breakfast	Saturday Dinner	Sunday Breakfast
1. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email: _____								
2. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email: _____								
3. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email: _____								

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.
(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

**RETAIL MEMBERS GET
10 STAFF BADGES
PER STORE**

REQUIRED: Authorized Signature: _____

Print Name: _____ Date: _____

ACH Payment (contact office for details)

TOTAL DUE

Registration Fees ___ @\$50 (if applicable) \$ _____

Membership Dues Payment Options \$ _____

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| \$149 | \$229 | \$379 | \$449 |
| <small>Yearly Dues
1-2 Locations</small> | <small>Yearly Dues
3-7 Locations</small> | <small>Yearly Dues
8-11 Locations</small> | <small>Yearly Dues
12+ Locations</small> |

Check the box above to indicate how many stores you represent
*Please provide names and addresses for all additional stores on a separate sheet.

Add \$15 X ___ # of attendees registered after 8/22/2026 \$ _____

Grand Total: \$ _____

ATTENDEE INFORMATION

After 8/22/2026 add \$15 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 for SENPA membership (**FULL-ACCESS**).
- Check here if this is your first time attending SOHO EXPO.

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.

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 Expo 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 8/22/2026. **NO REFUNDS will be made after 8/22/2026 or for no-shows.**

RETURN COMPLETED FORM TO ONE OF THE FOLLOWING or USE OUR CONVENIENT ONLINE REGISTRATION AT WWW.SOHOEXPO.NET:



5946 Main Street
New Port Richey, FL 34652

727.846.0320
www.SOHOexpo.net

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

