



2026 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 Healthfest permission to contact me by email with information on registration and updates.

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

Please choose your category below and enter totals:

SENPA Membership Dues @ \$149 \$ _____

SENPA Badge _____ @ \$300..... \$ _____

Add \$10 per badge if ordered after 4/10/26..... \$ _____

TOTAL DUE: \$ _____

PAYMENT METHOD

Pay by Check # _____ (make payable to SENPA, Inc.) NOTE: Company checks not accepted after April 3, 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: _____ Date: ____ / ____ / ____

Print Name: _____ Title: _____

