Billerica
Health &
Wellness Fair

Date: Saturday April 10, 2010 10 a.m. – 2 p.m.
Location: Billerica Lodge of Elks
14 Webb Brook Rd., Billerica MA 01821

2010 Application

Vendor Contact Person: _____

Phone #:_____ Email: _____

Vendor Name: _____

Vendor Address: _____

Describe Display: _____
_____
_____
_____

Will raffle be held/if so, please describe: _____
_____
_____
Reminder that this is event is free to the public. No fee may be charged without the authorization of the Billerica Health and Wellness Fair Committee.

Would you like to hold a 10 – 15 minute seminar or demonstration separate from your table display? If so, please describe.
_____
_____
_____
_____
There is limited space for this type of activity and acceptance is not guaranteed. Our decisions will be based on bringing the most variety to the public.

Will Electricity be needed? ___Yes ___No x 10 = _____
Number of Tables Requested _____ x 25 = _____

Total Charges = _____

Make checks payable to Billerica Lions Club and mail to the attention of Annette Presseau, c/o Billerica Lions Club, P O Box 5245, Billerica MA 01821.

DEADLINE March 12, 2010