



**Northern BC Healthy Living Connection
Vendor Application & Speaker Interest Form –**
Thank you for your interest in being part of the

Northern BC Healthy Living Connection,

a 2.5-day community event showcasing wellness providers, local businesses, and community organizations. Please complete the form below to apply.

Vendor Information

- **Business/Organization Name:** _____
- **Contact Person:** _____
- **Email:** _____
- **Phone:** _____
- **Website/Social Media:** _____

Business Details

Type of Business/Organization (check all that apply):

- Health & Wellness Services** (massage, counselling, etc.)
- Nutrition & Food** (products, demonstrations, etc.)
- Fitness & Movement** (dance, martial arts, yoga, etc.)
- Family & Children's Services**
- Seniors' Health**
- Outdoor & Seasonal Activities**
- Other:** _____

Description for Event Directory:

Special Requirements (electricity, table, demonstration space, etc.)

Note: Electricity is limited and will be assigned as available.

Speaker/Workshop Interest

Would you also like to be considered as a **speaker or workshop presenter**?

- Yes No

If yes, please provide a brief description of your proposed topic/session:



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Vendor Agreement

- I understand that space is limited and applications are subject to approval by the event committee.
- I agree to help promote the event within my network if accepted as a vendor.

Vendor Package & Fees

Cost: \$325 – includes:

- 8 ft. table with pipe & drape backdrop, table covering, and 2 chairs
- 2 vendor passes
- Inclusion in the official event directory
- Access to the Friday evening networking meet & greet
- Discounted hotel room rates

Optional Meals: Lunches are available from the host hotel at \$25 each and will be delivered to your booth. Please indicate number required: _____. (Menu will be provided prior to the event.)

Payment Terms:

- A **50% deposit** is required to hold your space (non-refundable if cancelled within 30 days of the event).
- Remaining balance is due **2 weeks prior to the event.**

Accepted Payment Methods: Cheque, EFT, Cash, Credit/Debit

If paying by credit or debit card:

- Card #: _____ Expiry: _____ CVV: _____
- Name on Card: _____
- Amount Authorized Today: \$ _____

Confirmation

Signature: _____ Date: _____