



# A HOLISTIC NEW YEAR

*Shop. Experience. Connect*

Company Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Applicant's Name \_\_\_\_\_  
Phone \_\_\_\_\_ Website \_\_\_\_\_  
Mobile \_\_\_\_\_ Email \_\_\_\_\_

1. All exhibitors can set-up the night before from 4-5 pm or the morning of from 9-10:30 am. All display tables must be ready for show by 10:30 am.
2. Selection of applicants will be made to fit the theme of the event. No more than two practitioners providing the same service.

Types of Products/Services to be displayed/provided: \_\_\_\_\_

- I understand and agree to bring my own decor.
- I understand and agree to contribute an item(s) to be used as a door prize.  
(stand alone minimum value \$25)
- I will provide the name and description of my item(s) a minimum of 2 weeks prior to the event.
- I understand and agree to provide a fun mini service, or consultation at my booth.
- I will forward a high-resolution logo (pdf, jpg, or eps) upon acceptance of my application.

Number of booth spaces requested (maximum of 2 spaces) \_\_\_\_\_

My business has a permanent RI Tax ID \_\_\_\_\_

If you do not have a Rhode Island Sales Permit number please call 401-744-3433

RI Permit To Make Sales At Retail Number (Attach copy of permit) | Not applicable

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

RETURN FORM TO: [JENNIFER@CENTRALRICHAMBER.COM](mailto:JENNIFER@CENTRALRICHAMBER.COM)

Central Rhode Island Chamber of Commerce, Inc. - 3288 Post Road, Warwick, RI 02886-7131

401-732-1100 Fax 401-732-1107 [www.CentralRIchamber.com](http://www.CentralRIchamber.com) | [www.CheckOutRI.com](http://www.CheckOutRI.com)