



A HOLISTIC NEW YEAR

Shop. Experience. Connect

Company Address _____

City State Zip _____

Applicant's Name _____

Phone _____ Website _____

Mobile _____ Email _____

1. All exhibitors are encouraged to set-up the night before from 5-6:30 pm. Approved exceptions can be made for setting-up the morning of the event from 9-9:30 am. All display tables must be ready for show by 10:00 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: _____