



CamanoCenter
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606 Arrowhead Road—Camano Island, WA 98282—(360) 387-0222

www.camanocenter.org

Women's Expo 2018

Participant Registration Form

Event Date: Saturday, April 28, 2018, 10:00 a.m. - 4:00 p.m.

Welcome to the Tenth Annual Women's Expo. The 2018 Expo is seeking local businesses that serve the needs of local women. This is a wonderful opportunity to showcase your products and services. The expo draws women from the greater Stanwood and Camano areas and beyond.

Display Areas and Sites Available:

- \$100 Full exhibit space (8 ft. table not included)**
- \$50 Half space (card table is included)**
- \$50 10X10 Outside Space**
- \$50 Advertise in our Women's Expo program** (please supply a business card or ad copy)
- \$10 8' table rental (this is not a booth space, only a table to use in your booth space)**

I would like to donate a raffle item. We will be selling raffle tickets throughout the day in order to provide this event to the public free of admission. Each vendor can provide a raffle item to be displayed at their booth. Attendees will receive a flyer with their program of all booths participating in the raffle. Participants can then choose how they will distribute their raffle tickets among the booths. During the day, a raffle prize will be chosen and a winning ticket will be drawn and announced. Please let us know if we can include you in our program as a raffle booth.

Will You Require: **Power** **Water** **FIRST COME FIRST SERVE**

All applications will be processed on a first come basis. Space is limited.

Deadline for turning in application is 04/13/2018. All participants are expected to stay until end of event (4PM)

Business Name: _____ (will be listed in program)

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone _____ Email _____

Description of business: (will be listed in program) _____

_____ ▶

Payment must be enclosed.

Please make checks payable to CSSA. Credit card payments accepted.

Visa MC Card Number: _____ Exp Date: _____ CVC: _____

For More information contact **Karen Conway** at 360-387-0222 or kconway@camanocenter.org

OFFICE USE ONLY:

Date: **Amt.\$:** **Pymt. Method:** **check #:** **staff initials:** **entered in SP:**