



**Yes! Please reserve exhibitor booth space for me at the Central Florida Health Expo**

*\*\*Please type or print all information clearly\**

Business/Firm Name	
Contact/Representative Name	
E-mail Address:	
Address:	
City	
State	
Zip Code	
Name of Booth Coordinator	
Phone Number of Booth Coordinator	

Number of Booths(s) requested - _____	Amount Enclosed: \$ _____
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Booth Type	Booth Rate	Description
Exhibitor Space Registration – Regular Registration (	\$100.00	10 x 10 outdoor booth space. Exhibitor will need to provide table, chairs, and shade tent or umbrella. Electric service is not available. Public Wifi service is available.

**Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Please return with payment to:**

Central Florida Media Group  
Attn: David Kiessling  
PO Box 1221  
Winter Haven, FL 33882