



**WELLNESS COUNCIL**  
*of Boyertown*

Mails Checks to: P.O. Box 87, Boyertown, PA 19512

# VENDOR REGISTRATION FORM

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Type of Registration:	_____	Vendor Table	\$50.00
	_____	Business Membership	\$100.00
	_____	Silver Sponsor	\$250.00
	_____	Gold Sponsor	\$500.00