

RETAIL BUSINESS INFORMATION Proof of business license may be requested.

Store Name: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____
 * Email: _____

*Providing an e-mail will ensure you receive timely registration confirmations, critical updates and exhibitor follow up in a way that saves time, money and paper.

Check your preferred means of communication from SENPA & SOHO Healthfest:
 Mail Email

Your registration confirmation will be sent via your preferred method checked above.
PLEASE review confirmation upon receipt.

ATTENDEE INFORMATION

After 3/15/19 add \$10 to every attendee listed below.

Check appropriate box:

- Yes, my business is a **SENPA MEMBER - FREE** entrance to all functions. **(FULL-ACCESS)**
- I am paying dues with this registration \$95 for SENPA membership. **(FULL-ACCESS)**
- I am attending exhibits and seminars as a non-member for \$50 per person. **(FULL-ACCESS)**
- Check here to attend **EXHIBITS ONLY at NO CHARGE** (Registration must be received by 3/15/19).
Sunday Enter the name(s) of each attendee and indicate if buyer.

Fill in name of each staff member and check each function attending for Full Access Badges

	Buyer	Staying at Omni Mandalay	Friday Lunch	Dinner	Sat. Breakfast	Lunch	Dinner	Sunday Breakfast
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE: Duplicate form for additional names.
 List and indicate children under 16 on separate form.*

PAYMENT METHOD

- PAY BY CHECK** - make payable to SENPA Inc.
- PAY BY CREDIT CARD** - Visa, MasterCard and American Express Accepted.

NOTE: Invoice will be sent with payment instructions. Credit cards are processed through Authorize.net to ensure secure transactions. Your invoice will come from SENPA, Inc. invoice@authorize.net

REQUIRED: Authorized Signature: _____

Print Name: _____ Date: _____

TOTAL DUE

Registration Fees ___ @\$50 (if applicable)..... \$ _____
 Membership dues @ \$95..... \$ _____
 SENPA Support Club..... \$ _____
 Add \$10 X ___ # of attendees registered after 3/15/19 \$ _____

Grand Total: \$ _____

**Retail Members Get
 UNLIMITED
 Staff Badges**



OMNI MANDALAY at LAS COLINAS
 DALLAS, TX



NOTE: All Meal Functions require pre-registration and are FREE for FULL-ACCESS attendees

FREE

A confirmation will be sent via your preferred method checked above. Please review confirmation upon receipt. Badges to be picked up at show.

SPECIAL SERVICES:

- Check here if an attendee requires special accommodations to fully participate. Attach a written description of their needs and their name.



! *Everyone* is required to wear a SOHO Healthfest badge at ALL functions. Advance meal reservations are required due to the number of sponsored meal sessions. Meals available on a first-come basis. Once the event is "sold out", we will be unable to confirm a reservation for that event. Cancellations and requests for refunds must be received in writing by 3/15/19. NO REFUNDS will be made after 3/15/19 or for no-shows.



FAX: completed form to 800-545-1374

MAIL: SENPA
 5946 Main Street, New Port Richey, FL 34652

EMAIL: info@SOHOhealthfest.net

