



Zo's Family Health & Wellness Groove
 presented by Footlocker
 Saturday, January 14, 2017
 9:30am to 2:00pm
 Ronald L. Book Stadium, North Miami

Dear potential exhibitor,

On behalf of the Mourning Family Foundation, we would like to extend an invitation to participate, as an exhibitor, in this year's Zo's Family Health & Wellness Groove presented by Foot Locker and hosted by the City of North Miami.

CONTACT INFORMATION

Name of Organization: _____
 Contact Person: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Mobile: _____ Work: _____ Fax: _____
 Email: _____
 Website: _____

EQUIPMENT NEEDS & DISPLAYS (Please check all that apply)

We encourage you to bring a colorful banner and tablecloth that displays your organizations' name, logo or slogan along with promotional items, information, and pamphlets to distribute to attendees. Please note, this event is free to the community, therefore there will be **no cash or credit sales allowed on-site**

Registration: Services provided/promoted: _____

Screening (Glucose, Blood Pressure, etc.) Type(s) of screening: _____

Raffle Drawing Items Item(s): _____

(We will be hosting a raffle of various prizes for all attendees & if your organization would like to contribute, please check the box above)

Registration: Tabletop Display Space for Mobile Unit/Dimensions of Unit: _____

(Basic One 8-foot table, Two (2) chairs and a tablecloth in a 10X10 booth space will be provided at a cost of \$250).

I/We will provide our own Tent/Tabletop Display

REGISTRATION

GENERAL

10x10 Booth Space
 1-Table
 1-Tablecloth
 2-Chairs

FREE

REGISTRATION DEADLINE FRIDAY, December 30, 2016

AGREEMENT

No Call/No Show Policy: I agree to pay a \$250.00 (covers set up fees) one-time fee if I do not show up the day of the event without giving a prior 72-hour notice to Mourning Family Foundation. I understand this event has space limitations and that by signing this form I/we agree to participate or to pay the No Call/No Show fee.

Print Name: _____ Signature: _____ Date: _____

Please return this registration form along with a copy of your Certificate of Insurance (COI) listing the Mourning Family Foundation as an additional insured and \$250 check to the information below no later than Friday, December 30, 2017

Mail

Mourning Family Foundation
100 S. Biscayne Blvd.
3rd Floor c/o ZWG Exhibitor
Miami, FL 33131

Fax

ATTN: Jessica Myers
Mourning Family Foundation
(305) 476-0096

Email

Mourning Family Foundation
jmyers@mourningfamilyfoundation.org
ATTN: ZWG EXHIBITOR

For more information, please call (305) 476-0095