

Application / Registration Form
15th Annual Women's Health Fair
Saturday, May 3, 2008
10 am – 4 pm

Booth Registration Fee Schedule:

Standard: \$ 100

Non-profit: \$ 35

Please complete this Registration form, the Information form, and the Save-Harmless Agreement, and return with a check made payable to:

DeVargas Center Merchants Association

Please send or deliver to:

DeVargas Center Management Office
Attn: 15th Annual Women's Health Fair
564 North Guadalupe Street
Santa Fe, New Mexico 87501

PLEASE PRINT:

Name of Business / Agency: _____

Contact Person: _____

Mailing Address: _____

_____ zip: _____

Telephone Number: () _____

Fax Number: () _____

E-mail Address: _____

For office use: Payment amount received: _____ check # _____