



**The Stoneham Chamber of Commerce
proudly presents the**

Health and Wellness Expo – 2017

Saturday, April 8 - from 9:00am to 1:00pm
Stoneham Middle School



Exhibitor Registration Form

Contact Information:

Business: _____

Business Description: _____

Address: _____

Telephone: _____

Contact Name: _____ Email: _____

Employees Participating in the Expo: _____

Exhibitor Fees: Chamber Members: \$50, Non-Members: \$100.

Includes (1) 6ft table and (2) chairs as well as inclusion in all promotional materials and website listings. (If you join the Chamber with this event, \$50 will be deducted from 1st year Chamber membership dues.)

Please complete and return with payment to: Stoneham Chamber of Commerce, 335 Main Street, Suite 202, Stoneham, MA 02180. Phone: (781) 438-0001 Fax: (781) 438-0007.

Enclosed is my check for \$_____, made payable to “Stoneham Chamber of Commerce”.

I authorize you to charge \$_____ to my **VISA** or **MASTERCARD** account

#_____, Exp. Date (mm/yyyy)_____, security code _____