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| Context Person: Context Perso | - Contraction - | • | |
| Trade Show & Wellness Expo | Grove City Chamber's | • | |
| Saturday, September 20, 2025 Vendor Set Up: 8 AM to 9:30 AM Event: 10 AM to 2 PM Business Name: | | o SHIGHMARK. 🗐 🦉 | |
| Saturday, September 20, 2025 Vendor Set Up: 8 AM to 9:30 AM Event: 10 AM to 2 PM Business Name: | ••••••••••••••••••••••••••••••••••••••• | | |
| Wendor Set Up: 8 AM to 9:30 AM Évent: 10 AM to 2 PM Business Name: | | | |
| Contact Person: | | | |
| Contact Person: | Business Name: | | |
| Address: | | | |
| Email address: | | | |
| Vendor Space Options (please indicate your selection for each 10' x 10' space): *Certificate of Insurance naming Grove City Chamber as additionally insured should be provided before event Grove City Chamber Members: (Your membership dues must be current to receive this rate) \$95 Rate Per Space - 8' table & 1 chair will be provided for each vendor space requested. (Additional chair may be requested with registratio Number of vendor spaces requested: Location preference: Under Pavilion Bringing own 10x10' can \$85 Rate Per Space - I will provide my own table & chair(s) for each vendor space I request, OR, no table/chair(s) needed. Number of vendor spaces requested: Location preference: Under Pavilion Bringing own 10x10' can Non-Members of Grove City Chamber Location preference: Under Pavilion Bringing own 10x10' can \$190 Rate Per Space - 8' table & 1 chair will be provided for each vendor space requested. (Additional chair may be requested with registration Number of vendor spaces requested: Location preference: Under Pavilion Bringing own 10x10' can \$190 Rate Per Space - 1 will provide my own table & chair(s) for each vendor space I request, OR, no table/chair(s) needed. Number of vendor spaces requested: Location preference: Under Pavilion Bringing own 10x10' can \$180 Rate Per Space - I will provid | \00ress: | | |
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| | Payment is due with registration and is non-refundable for canc | celations received after September 1, 2 | 025. |
| <u>Door Prize</u> : Each vendor must have at least one door prize. Describe your door prize: | Electricity: \$10 per single plug and \$25 per power strip. Electricity is limited. Nur | mber requested: at \$10 / \$25 e | ea. = |
| | <u>Door Prize</u> : Each vendor must have at least one door prize. Describe your | door prize: | |
| Selling: If selling a product or service at the trade show, please list. Vendors are responsible for collecting sales tax, if applicable. | | | |

We strongly encourage vendors to be interactive with games, health screenings (if applicable), & other ways to get attendees engaged! Share your plan to try to avoid duplications:

Please mail , email or fax this form to the Grove City Chamber office before **SEPTEMBER 10, 2025**: Mail to: 119 South Broad St., Grove City, PA 16127 | Email to: info@shopgrovecity.com | or Fax to (724) 458-6841