

SaskFit 2018 Fitness Fair Exhibitor Registration Form

Contact Person:				
Business/Organization:				
Address:				
City:	Provi		Postal Cod	e:
Telephone Number:		Email:		
Name of person(s) who will	be representing y	our organization a	at the Fitness F	air:
Product Line and Display	Content:			
SPRA reserves the right to For more information con				re registration approval.
Exhibit Prices and Require	ements:	_ Two Tables - \$ [^]	150.00	_ Three Tables - \$200.00
One Table - \$75.00	One Ta	ble (For Register	ed Nonprofit As	ssociations Only) – no charge
 Chairs will be provided. Guest wireless internet s access the Internet or so 	service is available	e but has limited	connectivity. Yo	ou might be unable to
Do you require an electrical				
Do you want lunch (Saturda	y) provided by SP		-	
		Nur	nber of lunches	requested
Do you have any other requi	rements?			
		Cheque (Please make all cheques payable to SPRA)		
\	/isaN	/lasterCard		
Card Number:			Expiry	Date:
Signature:			Date: _	
Are you donating a door priz If yes, please indicate what				

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