Exhibit Registration Form  (Please keep a copy for your records)

Organization/Company Name ____________________________________________________________

Contact Person ________________________________________________________________

Street Address ________________________________________________________________

City, State, Zip Code ____________________________________________________________

Telephone ________________________________________________________________

Email Address ________________________________________________________________

Please choose your sponsorship level at the right. Additional details are listed on the information sheet that accompanies this form.

Exhibit spaces are assigned as completed exhibit forms are received. Each 10’ X 10’ includes (1) 8’ table, (2) chairs and (1) trash can. Complimentary Wi-Fi and electric is available. Electrical service must be requested below.

Are you requesting electricity for your booth(s)? No ____ Yes _____

Payment Options

☐ Check - Complete this form, enclosing your check made out to Broken Arrow Seniors, and return to 1800 South Main Street, Broken Arrow, OK 74012

☐ Credit Card - Please write your name and telephone number below and we will contact you to process the payment.

OR

You may complete this form and pay online using the following web address:

http://baseniors.org/health-resource-fair-registration/

Name: ________________________________________________________________

Telephone: ____________________________________________________________

Signature: ___________________________ Date: __________________________

Your continued support of the Broken Arrow Senior Center is greatly appreciated!

If you have any questions, please contact June Ross, Executive Director: june@baseniors.org, (918) 259-8377