



SOUTHERN MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT
AREA AGENCY ON AGING

Harrison County Senior Resources Agency & SMPDD/Area
Agency on Aging
Fraud Prevention & Wellness Expo
Registration Form

Business/Organization Name _____

Contact Person _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Fax _____ Email Address _____

PLEASE CHECK ONE:

Would like to reserve a 12ft. table for display _____

Bringing my own table for display _____

Electrical outlet needed Yes _____ No _____

NO CASH PLEASE: Make payable to Harrison County Senior Resources Agency

AMOUNT ENCLOSED _____
(Check or Money Order)

OVER: Please read and sign the back of this form before returning
SPACE LIMITED. REGISTER TODAY!!! Contact Mag Holland at (228)-896-0412,
email: rsvp@co.harrison.ms.us.

Senior EXPO Vendors Information

1. Exhibit space is \$50.00 per table donation.
2. Vendors are asked to bring 2 or more door prizes.
3. Make all checks payable to **Harrison County Senior Resources.**
4. Booths must be set up the day before the event. Failure to do so could result in the next vendor on the waiting list being given your space.
5. Please keep booths set up for the entire duration of the EXPO.
6. All Cancellations must be made 48 hours in advance. Phone 896-0412.
7. Vendors must bring table covers. (Linen, paper, plastic, etc.)
8. Promotional hand outs, candy, giveaways and other samples are encouraged.
9. No items will be sold/bartered or exchanged at this event.
10. Please indicate if you can bring your own table and/or need electricity.

I agree with the above terms and conditions.

Signature _____ Date _____