The Art of Health is a free community event taking place on:

Saturday, March 28, 2019
10 AM – 5 PM
Craig Park and the Heritage Museum

The Art of Health will promote how the performing and visual arts contribute to an individual’s health and quality of life. There will be an indoor exhibitor hall, guest speakers, children’s area, live concerts, food trucks, and more!

EXHIBITOR INFORMATION:

- Set-up: Friday, March 27 from 10 AM - 1 PM. Please register at the front desk of the Heritage Museum for table assignment.
- Exhibitors must have manned tables and be open Saturday, March 28, 9 AM - 5 PM
- Exhibitors must exit Craig Park and the Heritage Museum by 7 PM on Saturday, March 28.
- Supplied are:
  - 1 table (6 ft.) Tablecloths not provided.
  - 2 chairs

Please review, sign, and return the Exhibitor Program Agreement when you complete and send in your registration.

Due to the limited number of tables available, not all applications will be approved. We reserve the right to limit the number of similar types of businesses and/or merchandise to provide the public with a diverse mix of arts, health and well-being products and services. We reserve the right to give preference to exhibitors with products or services that correlate with the focus of this special event.

There will be drawings for prizes held throughout the day. Exhibitors have the option of donating a prize of a $25 minimum value for a reduced registration fee. The organization name of the donated item will be announced when the prize is awarded.

Should you have any questions, or need further information, please contact Kerri Bounds at: 727.942.5605, Monday-Friday, 10 AM - 4PM, visit TarponArts.org, or email KBounds@ctsfl.us.

Exhibitor registration forms must be received by February 28, 2020.

PLEASE READ AND SIGN THE EXHIBITOR AGREEMENT AND SUBMIT WITH REGISTRATION FORM.
THE ART OF HEALTH - EXHIBITOR AGREEMENT:

Return Signed Exhibitor Agreement and Registration Form to:
Tarpon Arts - The Art of Health, Attn: Kerri Bounds, PO Box 5004, Tarpon Springs, FL 34688

CANCELLATION POLICY: Due to limited space No Refunds are available - rain or shine.

- Only the merchandise and/or services listed on your Registration Form may be offered at your tables.
- Tables may not be sub-let without our approval.
- Tables are 6 feet long and come with 2 chairs. (Tablecloth not included.)
- Signs may not be attached to the walls, only to your table.
- Electrical outlets are available along the walls and on the floor throughout the exhibit hall. If electricity is needed, exhibitors are responsible for providing power strips and extension cords, which must be heavy duty, grounded, UL approved type. Please bring Gaffer’s tape or cord covers to cover any exposed cords.
- Any cords or fixtures determined to be a hazard will be removed.
- Burning of incense or any open flame will NOT be allowed anywhere inside the Heritage Museum.
- To help keep noise to a tolerable level, please keep all equipment volumes to a low level.
- Exhibitors are responsible for their own goods, materials, equipment, and displays at all times. Tarpon Arts and the City of Tarpon Springs is not responsible for loss or damage of any material by any person or for any cause.
- Exhibitors are required to be set up and have a representative at their table during all hours from 10 AM – 5 PM on Saturday, March 28. If an exhibitor fails to remain open during these times, this agreement may be terminated immediately and no refunds will be issued.
- The exhibit hall is locked during the night. We will make every effort to maintain security throughout the event. However, the City of Tarpon Springs will not accept responsibility for any lost, stolen, or damaged property.
- Only bottled water is permitted in the exhibitor hall. Food and/or beverages other than bottled water should not be consumed in the exhibitor hall.
- Each exhibitor must comply with Florida tax laws in order to sell goods/services at the event. The City of Tarpon Springs is not responsible any individual exhibitor’s payment of sales tax. Exhibitor must provide own bank of change.
- Fire Codes/Layout: Please refrain from putting boxes, supplies, chairs, or anything in walking area! Non-compliance will result in fines by the Fire Department.

I hereby acknowledge that I have read and understand the above Exhibitor Program and agree to these terms and conditions to participate as an Exhibitor at The Art of Health on March 28, 2020.

______________________________  __________________________
Signature                                 Date

Please make a copy for your records.
Organization Name: ______________________________________________________________

Main Contact Name: ______________________________________________________________

Contact Email: ________________________________ Phone: __________________________

Address: ________________________________________________________________________

City/State/Zip: ___________________________________________________________________

Type: [ ] Medical [ ] Service [ ] Retail [ ] Non Profit [ ] Non-Traditional [ ] Other

Traditional Medical

(Check all that apply above)

Services / Products Offered at Exhibitor Table: ________________________________

______________________________________________________________________________

PAYMENT INFORMATION: (Check one)

[ ] $100 (includes one table and two chairs)  [ ] $75 + raffle donation item; minimum $25 value
(includes one table and two chairs)

Raffle item description: _______________________________________________________

All payments and registration information is due no later than Feb. 28, 2020.
Failure to remit payment forfeits your space in the exhibit hall.

[ ] Check (enclosed) [ ] Credit Card (complete below)

Cardholder Name: __________________________________________________________________

Card Number:__________________________    Exp. Date:________________    CVV#:_________

Billing Address: __________________________________________________________________

Billing City/State/Zip: ____________________________

I authorize Tarpon Arts to process my payment in the amount indicated above and understand that my payment is non-refundable.

Signature: ________________________________________________________________________

Please make a copy for your records.