



10th Annual Women's Day Out

Business Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Do you need electricity? Yes No

Will you be providing a door prize? Yes No

Additional needs: _____

Please complete this form and return it with your payment to the Community Health Education Center by Wednesday, February 20, 2013.

Please note, vendor space is limit and vendors will be accepted in the order in which payment is received.

