

# Trade Show Booth Request Form

Name of distributor host: \_\_\_\_\_

Acct #: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of event: \_\_\_\_\_ Date need booth by: \_\_\_\_\_

Name of event: \_\_\_\_\_

Address to ship booth (we prefer Distributor Host versus a hotel address):  
\_\_\_\_\_

## Items to include with shipment (please check all items you want)

### \_\_\_\_\_ Trade Show Booth

#### Header (12x72)

- Simplexity Health Simple Solutions
- Global Income Opportunity
- Whole Food Nutrition

#### Panels (30x40)

- Panel 1- Super Foods Simple Solutions
- Panel 2- Stem Cell Nutrition
- Panel 3- Our Vision
- Panel 4- 25 Years Success

#### Signs (30x42)

- Original Superfoods
- Organic Kosher & Halal
- Wild AFA Microalgae

### \_\_\_\_\_ Scrolling Banner (please pick one banner)

#### Banners

- SBGA (Dan O'Brien, Digestive Supplements, Specialty Supplements)
- New Algae Co (Blue Green Algae)

#### Simplexity Health Roll Up Banners (Non-moving, free standing)

- Nourish with Superfood Nutrition
- Energize with Digestive Nutrition
- Protect with Antioxidant Nutrition
- Renew with Specialized Nutrition
- 4 Building Blocks
- Daily Convenience

**Method of Payment for Shipping:** The distributor host will be responsible for shipping costs to/from the event. If you would like an estimate prior to final agreement, please let us know.

### Visa/MC/Discover/AMEX (circle one)

Card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Security code on back of card: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing address with zip code: \_\_\_\_\_

I would like an estimate on shipping before charging my card:  Yes  No

I agree to handle each item with care and I am responsible for the condition in which it is returned to Simplexity Health. I will pay for any replacement charges if any of the above checked items are damaged.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please fax this form to 541.885.4343 or call Fran at 541.882.5406 ext. 1240 at least 2 weeks prior to your event.**