



VENDOR/EXHIBITOR PARTICIPANT FORM

Name: _____

Name of the Business: _____

Business Description: _____

Name as you want it to appear on the Directory: _____

Address: _____

Cell: _____ Email: _____

Provide Extra Table(s) \$15 per table _____ Provide Extra Chairs – Free _____

WiFi is complimentary. Electricity Required: _____ Hotel Event Rate-See **first page for info**

Special Needs: _____

I acknowledge that I am fully responsible for my belongings and am healthy and capable to participate.

Concession will be provided onsite – NO OUTSIDE FOOD OR BEVERAGE ALLOWED- PER VENUE

Name of Vendor

BHMBS Committee Member

Signature of Vendor

Signature of BHMBS Committee Member

Our intention is to provide an environment where everyone is welcome to come explore themselves a little deeper, experiencing a variety of life-enhancing methods to awaken the Spirit within, allowing each of us to indulge in and celebrate life more fully

Black Hills Mind. Body. Spirit. 2650 Jackson Blvd Suite #13 Rapid City SD 57702

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