

YOGA APPLICATION FORM 2008

Mind Body Spirit

12th ANNUAL MIND BODY SPIRIT EXPO

Name as it is to be listed in Expo Guide

Company Name

Contact Name

Address

City

Phone:

Email

OCTOBER 24-26
**Valley Forge
Convention Center
Philadelphia**
**Largest Natural Health
Expo in Northeast Region**

Questions? Call

877-599-EXPO

215-627-0102/6000

215-627-5294 Fax

www.mindbodyspiritexpo.com

info@mindbodyspiritexpo.com

CLASS TIME: 50 minutes - begins on the hour **HOURS:** Friday 6pm - 8pm, Saturday 11am - 7pm, Sunday 11am-5pm

\$100 CLASS FEES/One day Shared Booth:

I am an Exhibitor therefore the \$100 fees are waived. My Booth number is _____.

MY PREFERRED CLASS DAY: ___ Friday ___ Saturday ___ Sunday (We will try to accomodate your request)

___ Morning, ___ Afternoon, ___ Evening

Type Of Yoga I will be teaching is _____

DESCRIPTION _____

I have taught yoga for _____ years, at _____ Yoga Center.

What style Yoga do you teach? _____

I have studied yoga with/at _____ and am ___ or not ___ a certified Yoga Teacher.

I have ___ do not have ___ liability insurance

Payment Information

Check ___ MC* ___ Visa* ___ Amex* ___ Discover*
*3% administration charge on credit card payments

Card # _____

Exp. Date _____ Auth # _____

Name on Card _____

Signature _____

50% Deposit required with application.

Balance due within 30 days or by Sept.15
which evercomes first.

Make checks payable to Healthy Living Expo
Send To: Anne Khoury

Mind Body Spirit Expo
530 S. 2nd St., Ste 106
Phililadelphia, PA 19147
(215) 627-0102
(215) 627-5294 (fax)

I hereby release The Mind Body Spirit Expo
from all responsibility.

Signature

Date