

# Yoga Application Form 2009

## 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 23-25  
**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