

Registration Form Health & Wellness Expo

Health & Wellness Expo
c/o Saint Joseph's Hospital Foundation
130 Rue Bayard Drive
Saint John, N.B.
E2L 3L6

Cost per booth: \$200.00

Company Name: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Email address _____ Number of Booths _____

Would you like to donate a prize to be drawn during the expo? Yes ___ No ___

Would you like to advertise in the runners kits (approx 1200 required)? Yes ___ No ___

Method of Payment:

-Cheques made payable to the Saint Joseph's Hospital Foundation Health & Wellness Expo.

-Credit card payment: ___ Visa ___ MasterCard

Name as it appears on the card: _____

Credit card number: _____

Expiry Date: _____

-Registration can be faxed to 632-5594