



## Healing Touch Worldwide Conference 2010 *The Joy of Healing; A Journey with Heart*

August 5<sup>th</sup> - August 8<sup>th</sup>, 2010  
Crowne Plaza Denver International Airport  
15500 E. 40th Avenue, Denver, Colorado 80239

### Vendor Application

Email to: Conference@healingtouchprogram.com, mail to: 20822 Cactus Loop, San Antonio, TX 78258 or fax to 210- 497-8532

#### **Contact Information**

Company:

Address:

City:                      State:                      Zip:

Phone:                      Fax:

E-mail:                      Website:

Contact Name: First                      Last

Title:

#### **Company Representatives** (*Names for badges*):

Four badges are included for each vendor. Badges do not include meals or a pass to the conference.

1. First                      Last                      2. First                      Last  
3. First                      Last                      4. First                      Last

#### **Product or Service Listing**

Please describe the product(s) and/or service(s) to be exhibited. This description be used in determining final space assignments and will appear in the Conference Program, on the HTP website. **Maximum: 25 words.** (May be accompanied by brochure, catalogue or photos of products or previous exhibits.)

Description:

Will your exhibit include the playing of instruments?     Yes     No

#### **Fees:**

**Tables - One (1) - 6 foot Table**

**HTPA Member \***

First Table \$350.00 - Additional Tables \$300/per table

**Non-Member**

First Table \$400.00 - Additional Tables \$350/per table

Number of Tables Needed:

HTPA Member #:

**Table Total** \$

**Electrical Service at Table:**

Power strips or other multiple-plug adapters are not allowed unless overload protected. if ordered within 7 days prior to conference or during conference, the price for is \$95.00/each.

One - Single 110v, 20 amp/1700 watt max - \$65.00

Number of Electrical Services Needed:

**Electrical Service Total** \$

**Conference Pass**

A conference pass is needed for attending conference.

Cost Per person - \$150

Number of people:

**Conference Pass Total** \$

**Meal Plan**

Meal plan consists of 4 breakfasts, 4 lunches and snacks.

Cost per person - \$250.00

Number of people:

**Meal Plan Total** \$

**Total Cost** \$

**Payment Information**

Check:  Please make checks payable to Healing Touch Program

Credit Card: Visa  M/C  Discover  Card #: Exp. Date:

Name as it appears on card:

Billing Address (if different from above):

Address:

City: State: Zip:

CC Signature \_\_\_\_\_

I, the undersigned, as authorized agent of the above-named company, agree to adhere to the specified terms and conditions of the Healing Touch Worldwide Conference 2010 Vendor Agreement and understand I am responsible for ensuring all other company representatives do the same. I acknowledge that Healing Touch Program reserves the right to accept or reject this application. I have read and understand vendor agreement and the cancellation policy.

Name:

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_