

\$750 NATURALLY HEALTHY SAMPLE CENTER CONTRACT

Naturally Healthy Children's Expo October 5,6, & 7, 2007, Chicago's Navy Pier Questions? Call NHC Expo at (708)361-6000

COMPANY INFORMATION (as it should appear on all printed mate	rial
Company Name:	
Website: www.	
Street Address:	Suite:
City:State/Country:	Zip Code:
Telephone Number:	Fax Number:
Key Contact Name:	Title:
Key Contact E-mail address:	
What type of product sample will be distributed?	
BASIC PAYMENT INFORMATION	
Payments can be mailed to: NATURALLY HEALTHY CHILDREN'S EXPO 7000 W. Southwest Highway, Ste 202 Chicago Ridge, IL 60415	Payments may also be faxed to (708) 361-6166 (For security reasons, we ask that you do not e-mail your credit card number.) Full payment is due with contract. Thank you.
METHOD OF PAYMENT:	☐ Visa ☐ Mastercard * Amount Paid \$
Credit Card number: Exp. D	Pate: Security Code:
Authorized Card Holder (print name):	
Signature:	
IF PAYING BY CHECK, please 1.) Complete this contract, 2.) Sign it, 3.) Make a copy, AGREEMENT, CONTRACT AND TERMS	and 4.) Mail the original, with \$750 payment.
This agreement is entered into on this day of EXPO (herein after referred to NHC Expo,) whose principle place USA 60415, and (your company name) whose principle place of business is (your address)	
My company agrees to abide by the terms and conditions state	ed above.
Name (print)	
Signature:	Date:
For more information contact the NHC Expo Managem	nent at (708) 361-6000. Thank you.