



# Wellness Resource Network Expo

## Saturday January 24, 2026

### 9 AM-1 PM

#### VENDOR BOOTH and SPONSOR LETTER OF AGREEMENT

Wellness Resource Network Expo produced by the West Valley~Warner Center Chamber of Commerce  
**Exhibitors must bring their own table and chairs. (6 foot table maximum size)**

Participation Level	Fee	Provisions
Member Exhibit \$50	\$ 50	Exhibit Space
Non-Member Exhibit \$75	\$ 75	Exhibit Space
Front of the Room Speaker	Sold Out	Speaker 5-7 Minutes
Speaker with exhibit space	Sold Out	Speaker 5-7 Minutes
Breakfast Sponsor	\$500	Recognition & Exhibit
Lunch Sponsor	\$750	Recognition & Exhibit
Dessert Sponsor	\$300	Recognition & Exhibit
Drinks Sponsor	\$300	Recognition & Exhibit
Logo Bag Sponsor	\$100+ 250 Bags	Recognition & Exhibit
Drawing Sponsor	\$250+ TV	Recognition, Exhibit, Announce
Scan/Test Sponsor	\$750 Scan Test	Breakout Room

Company Name:	
Contact:	
Email Address:	
Address:	
Contact Phone Number:	Fax:
Amount Enclosed:	
Credit Card Number:	Exp:
Security Code:	Billing Street Address & Zip:

#### INDEMNIFICATION AGREEMENT

I agree to be solely responsible for any costs, claims, damages and expenses incurred by me as a result of participation in the January 24, 2026 Wellness Resource Network Expo sponsored by the HWRN and West Valley~Warner Center Chamber of Commerce. I understand the Wellness Resource Network Expo will be held at the West Valley~Warner Center Chamber of Commerce. I may begin setting up my booth as early as 7:30AM. Please allow yourself enough time to set up & be ready by 8:30AM. I also understand I am participating at my own risk and accept such risk as my sole responsibility. Therefore, in the event of any loss or injury sustained from participating in the aforementioned event I agree to hold harmless the HWRN and West Valley~Warner Center Chamber of Commerce, their staff and representatives, from any responsibility in any way for such loss, injury, claims or damages. Note that this is a non-refundable fee. **Make Checks Payable to~WV-WC Chamber of Commerce and mail to~P.O. Box 1, Woodland Hills, CA 91365-0001 or pay online at event payment link on the Chamber website. [www.woodlandhillscc.net](http://www.woodlandhillscc.net)**

Company Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Participants' Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Day of Event Contact Phone Number: \_\_\_\_\_

