

## 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					
Participation Level Fee			Provisions		
Member Exhibit \$50	\$ 50		6 ft Table and 2 chairs		
Non-Member Exhibit \$75	\$ 75		6 ft Table and 2		
Front of the Room Speaker	\$150		Speaker 5-7 Minutes		
Speaker with exhibit space	\$250		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	g Street A	ddress & 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

Company Name (Please Print)	Date
Participants' Name (Please Print)	
Signature	
Day of Event Contact Phone Number:	