

**Apex Chamber of Commerce
6th Annual Business Expo
May 17, 2006 @ the Apex Community Center
Exhibitor Registration Form**

Exhibitor Registration Fee: \$125 (members only)

Date: _____ Previous Exhibitor _____ New Exhibitor

Business Name: _____ Contact Person: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Cell Phone: _____ Fax: _____

Email: _____ URL Web Site: _____

Business Description: _____

_____ Yes I would like to donate a door prize _____ No, I would not like to donate a door prize

If yes, please describe your door prize _____

To reserve your space for the expo, please mail or fax back this form with payment information to the Apex Chamber of Commerce, 220 N. Salem Street, Apex, NC 27502 or fax to 362-9050. Call 362-6456 with questions. Payment must be paid in full no later than May 3, 2006. Members canceling prior to May 3, 2006 will be reimbursed 50% of the fee. No refunds will be given for cancellations received after May 3, 2006. **Booth space is not guaranteed until payment is received.**

Check (payable to Apex Chamber of Commerce) Check #: _____ Amount: _____

_____ MasterCard _____ Visa

Account # on Card: _____ Expiration Date: _____

Name shown on card: _____

Special Needs/Interests (i.e. electrical needs, computer access/needs) _____

