HEALTHY LIVING SHOWCASE 2026

VENDOR APPLICATION & BOOTH NEEDS QUESTIONNAIRE

Mercer Mall - Bluefield, West Virginia

BUSINESS / ORGANIZATION INFORMATION

Business/Organization Name: _____

Contact Person: _____

Address: _____

City: _____ **State:** ____ **ZIP:** _____ **Phone:** _____

Email: _____

Website / Facebook / Social Media: _____

CHOOSE YOUR SHOWCASE AREA

■ **HEALTH & WELLNESS SHOWCASE** - Healthcare, fitness, nutrition, senior services, mental wellness, insurance, home health, medical equipment, screenings and community health resources.

■ **WOMEN'S PAVILION** - Women's health, beauty, fashion, skincare, boutiques, jewelry, fitness, financial services, home/lifestyle, self-care and professional services.

■ **HOLIDAY MARKETPLACE** - Retailers, boutiques, artisans, crafters, specialty foods, gifts, decor, jewelry, seasonal merchandise and holiday shopping.

■ **OTHER / CROSS-CATEGORY** - Please explain: _____

ABOUT YOUR BOOTH

Briefly describe your business/organization and what you will feature:

_____

_____

Selling merchandise? ■ Yes ■ No **Screening/service/demo/activity?** ■ Yes ■ No

Description: _____

BOOTH SIZE & SETUP

■ 10' x 10' Standard Booth	■ 10' x 20' Double Booth
■ 30' x 30' ENHANCED Booth / Display Area	■ Larger Display Area Needed
■ Other: _____	

Tables: ■ None ■ One 6-ft ■ Two 6-ft ■ Other: _____ **Chairs:** ■ None ■ One ■ Two ■ Other: _____

Electricity: ■ No ■ Yes - Standard 110V **Wi-Fi/Internet:** ■ Yes ■ No

Electrical equipment / needs: _____

Extra space behind/around booth? ■ Yes ■ No Explain: _____

SPECIAL BOOTH NEEDS

■ Health Screening Area	■ Private/Semi-Private Consultation Space
■ Demonstration Space	■ TV/Monitor
■ Large Display or Banner	■ Product Display Racks
■ Clothing Racks	■ Floor-Standing Display
■ Medical Equipment	■ Accessibility Considerations
■ Food/Sampling Area	■ Extra Electrical Access

Tallest display height: _____ **Other need:** _____

Special setup requirements: _____

GIVEAWAYS, ACTIVITIES & SHOW SPECIALS

■ Door Prize/Giveaway ■ Free Samples ■ Health Screening ■ Demonstration ■ Children's Activity

■ Holiday Shopping Special ■ Show-Only Discount ■ Educational Materials ■ Other: _____

Describe: _____

PROMOTION & EVENT-DAY CONTACT

Will you promote the event on social media? ■ Yes ■ No **Need event artwork?** ■ Yes ■ No

Event-Day Contact: _____ **Cell:** _____

VENDOR AGREEMENT

I understand booth placement is determined by event management based on availability, vendor category, booth requirements and overall event layout. Special requests will be accommodated whenever possible but cannot be guaranteed.

Authorized Signature: _____ **Date:** _____

APPLY ONLINE

Scan the QR code with your phone camera to complete the online vendor application.

Prefer a link?
The web address below is clickable in this PDF.

OPEN ONLINE VENDOR APPLICATION

https://docs.google.com/forms/d/e/1FAIpQLSednD4ccnSjFI0FLwaP93tOkJ9GeEfzQnpHFKSnchJzd63-tg/viewform?usp=publish-editor

FOR EVENT STAFF USE ONLY

Application: ■ Approved ■ Pending ■ Declined Area: ■ Health ■ Women's Pavilion ■ Holiday Marketplace

Booth #: _____ Booth Size: _____ Tables: ___ Chairs: ___ Electricity: ■ Yes ■ No

Payment / Participation Status: _____

Placement / Special Notes: _____