

EXHIBITOR PARTICIPATION FORM

Wellness Day At The Shops 2025



YES! Sign me up for Sat. August 02, 2025, 12pm to 4:00pm- \$100 _____

Mail Check to: PALM DESERT PACIFIC LLC-BACA
Dept # 880684
PO Box 29650 Phoenix, AZ 85038-9650

Make payable to:
Palm Desert Pacific Owner LLC

Your Name: _____

Company: _____

Email: _____

Onsite Contact & Phone: _____

6' table & 2 chairs provided

_____ I would like a table cover

_____ I would like electrical (# outlets needed _____)

No individual pop-up booths or tables permitted. Displays, marketing materials, product samples and sales to be pre-approved.

YES! I would like to contribute the following to the prize drawings at the event to promote my business. ITEM(S):

Following are items I would like to have approved for display, sales, sampling: (please list)

**** Product/service samples/demonstrations are encouraged; product sales are permitted ****

APPROVED BY: _____

Nayyan Chandler, Marketing Manager

Date

EMAIL BEFORE 7/18/25 TO RESERVE YOUR SPOT:

nchandler@shopsatpalmdesert.com