



Friday thru Sunday
January 31 – February 2
CHI Health Center

FARMERS & LOCAL MARKET

Feature Area

2025 APPLICATION FORM

DATE: _____

CONTACT NAME: _____ TITLE: _____

COMPANY / ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

E-MAIL: _____

Please describe the type of items that you would offer and return your application as soon as possible. Your application will be reviewed and space will be assigned subject to approval.

BRIEF DESCRIPTION OF PRODUCTS: (Please attach any further information that may be helpful, such as a copy of published articles, etc.)

Please Return or Phone:

Mike Mancuso
Show Director

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