



Friday thru Sunday
February 28 – March 2
CHI Health Center

Fresh Ideas at the Home & Garden Event of the Year!

FRESH & LOCAL 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:

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Show Director

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