



WOW MONTHLY LUNCHEON

Vendor Information

This is an opportunity for you to get your business in front of extremely successful professional business women in the Des Moines area. With high-quality attendance averaging 40+, this is a chance for face time with decision-making women in the community. Luncheons start at 11:30 with networking and shopping followed by lunch and a speaker. Attendees then have 30 seconds to give a short commercial. There is a table for marketing materials for attendees to peruse, and no materials or items can be placed on luncheon tables or Marketing Materials Table. Attendees will have time from 11:30 to noon and after the short commercials to shop. There is a limit of four Vendors per luncheon. Cost: \$25.00 (includes space for your table). You will also receive an opportunity for a 60 second commercial. Please contact Jennifer Lovell at 515-779-1733 with questions.

Company: _____
Contact(s): _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____ E-mail: _____
Items/services you plan to have (sell) at this event: _____

The undersigned hereby agrees to indemnify and hold harmless WOW and any employee, agent or representative of same against any and all claims which are in any way related to, the result of, or in any manner based upon the undersigned as an exhibitor or presenter at any WOW function including but not limited to the undersigned providing food or food samples. The indemnification and hold harmless shall include reasonable attorney fees and costs incurred in connection with said claim.

List Months desired in order of "want": _____
Months assigned on first come/first serve and with regard to giving members first priority

To reserve your space as a vendor for an event, please provide this form and your payment payable to WOW or credit card will be charged approximately two weeks prior to event. Vendor Application with check can be mailed or dropped off. Application with credit card information can be emailed or faxed. (You can also fax/email form and call in credit card information.) Spaces & tables will be assigned on a first come/first serve basis.

Card # _____ Exp. _____
Exhibitor signature: _____ Date: _____

- Your product and/or services are subject to WOW board approval
All insurance, State and Federal guidelines will apply!

For questions, please contact
Jennifer Lovell at 779-1733 or prelogoli@msn.com
Fax: 515-457-1287
Mail Completed Form and Payment to:
515 SE Meadowlark Lane
Waukee Ia, 50263

FOR OFFICE USE ONLY:
Date Rec'd. _____
CC ___ ✓ ___ \$ ___
Month(s): _____