REQUEST FOR EXHIBITOR SPACE
SOROPTIMISTS WOMEN'S SHOW
AND FAMILY HEALTH FAIR
SATURDAY, March 22, 2025
Kansas State Fairgrounds

This request **DOES NOT** denote an offer for space. This is **NOT AN AGREEMENT**. Do not send money with this request! Requests are considered for an Agreement based on the following criteria: Availability of space; Type of product sold and number of same type product and/or company currently with an agreement; Date request received; and Location of booth vacancies.

Indicate your preference for Booth: [   ] **Women's Show**   [   ] **Health Fair**   [   ] **Both-Women's Show & Health Fair**

Company Name:
Show Contact Name:
Mailing Address:
City/State/Zip:

SHOW CONTACT INFO:

Work Phone:	Cell Phone:
Home Phone:	**E-Mail Address**:

Contact Managing Booth (If Different Than Above): _____ Cell: _____

All products/items and Brand Name(s) to be displayed/sold at your booth **must be listed and approved**. Attach separate page as needed:

Product/Item: _____ Brand: _____ Handmade _____

Product/Item: _____ Brand: _____ Handmade _____

Product/Item: _____ Brand: _____ Handmade _____

Signature of Applicant: _____ Date: _____

Basic information about the Women's Show and Health Fair: Most booths are 10' x 10', with an 8' back drape, 1 table and 2 chairs supplied. The Women's Show and the Health Fair are **both held in the Meadowlark Building**, on the Kansas State Fairgrounds. Booth fees for **2025** will be: $100 for an in-line booth and $120 for a corner booth, with additional fee for booths larger than 10'x10'. Show hours for the Women's Show are from **9 a.m. to 3 p.m.** Family Health Fair hours are **9:00 am to 1 p.m.** Health Fair booth fees for **2025** will be: $65 for an in-line booth and $75 for a corner booth. Complete Rules and Regulations will be sent if you receive an agreement. If you have questions about the **Women's Show**, call Deana Novak 620-615-3778, or dnovak2@live.com. If you have questions about the **Health Fair** call Nancy Fure 620-474-1335 or fure@sbcglobal.net.

RETURN SIGNED COPY TO:
Soroptimist International of Hutchinson, PO Box 2668, Hutchinson, KS 67504-2668
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Soroptimist Use Only

Date Request Received: _____ Other: _____