

Health Expo 2025 Registration Form

Event Details:

Date: _____

Time: 9 am to 2 pm

Location: Muncie Senior Center, 2517 W. 8th St, Muncie, IN 47302

Cost: \$25 per table due at time of registration. Make checks payable to Muncie Senior Center.

Registrant Information:

Contact Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Organization/Business:

Organization or Business Name: _____

Contact's job Title/Role: _____

Participation Type (Check all that apply):

- ☐ Exhibitor
- ☐ Class Presenter – Topic/Title of Class _____
- ☐ Sponsor

Exhibition Focus (Check all that apply):

- ☐ Fitness & Exercise
- ☐ Nutrition & Diet
- ☐ Mental Health & Wellness
- ☐ Preventative Care
- ☐ Chronic Disease Management
- ☐ Alternative Medicine
- ☐ Senior Living
- ☐ Insurance – Type _____
- ☐ Other: _____

Special Accommodations (if needed):

(Turn Over)

Waiver & Consent:

By submitting this registration form, I acknowledge that I am voluntarily participating in the Health Expo. I understand that the event organizers are not responsible for any injuries or health-related issues that may arise. I also grant permission for event organizers to use photos or videos taken during the event for promotional purposes.

Signature: _____

Date: _____

For Event Staff Use Only:

Registration Received By: _____

Date Received: _____

Payment (if applicable): Paid Amount _____ Other _____

Additional Notes: _____