

Community Health Fair & Family Fun Day

Vendor Form

Company Name			
Contact Name			
Mailing Address	City	State	Zip
Phone			
Email			
Special Needs	<input type="checkbox"/> Location close to an electrical outlet <input type="checkbox"/> Other: <input type="checkbox"/> Private/confidential room		

Vendor Description/ Service Provided		
Time Available	From:	To:
Signature	Date:	

Notes	<ul style="list-style-type: none"> • Vendor charge is \$50 per table • Please complete this form and email to healthfair@icbr.org • Vendors should arrive at 11:00am to set up • 1 table, tablecloth and 2 chairs will be provided to each vendor • Please bring a sign or banner to place in front of your display/exhibit table • Please bring enough handouts, pamphlets and promotional goodies for 500 participants
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Admin Use Only:	No. of tables: _____
Payment Information	Amount Due: \$ _____
	Amount Paid: \$ _____
	<input type="checkbox"/> Check <input type="checkbox"/> Cash

