



**EVENT: 2020 Health Fair Booth Registration**

**DATE:** Saturday, April 4, 2020

**TIME:** 10:00 AM to 1:00 PM

**VENDOR NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Please write a brief paragraph, describing your booth and what you hope to accomplish. For additional space, please include a separate page of explanation.

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**We encourage ALL booths to be interactive with the community.** Please tell us how your table will help accomplish that.

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**Please indicate by a mark if you require the following for your booth:**

Table       Electrical outlet (extension cords not provided)  
 Chairs      # needed \_\_\_\_\_

**Would you like your contact information listed in the Resource Manual?**

no  
 yes Name \_\_\_\_\_ Phone \_\_\_\_\_

**Would you like to donate a door prize to the Health Fair?** (Please drop your door prize of to the Business Office).

\_\_\_ no

\_\_\_ yes, please tell us what you are donating: \_\_\_\_\_

**Set up and cleanup is required by all vendors and booths due to limited personnel.** The vendor area will be staffed Saturday beginning at 8:00 AM. Please indicate the time you plan to set up your booth.

**Forms can be emailed, faxed, or mailed.**

Email: [klambe@pmc-health.org](mailto:klambe@pmc-health.org)

Fax: 907-772-3085 Attn: Kelsey Lambe

Mail: Petersburg Medical Center Attn: Kelsey Lambe, PO Box 589, Petersburg, AK 99833