



Petersburg Medical Center



2018 Health Fair Booth Registration

DATE: Saturday, April 14, 2018

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.

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?

no

yes, please tell us what you are donating: _____

Please drop your door prize off at the business office at Petersburg Medical Center prior to the health fair, or bring to the health fair with you. Volunteers will begin drawing prizes at 10:30 AM.

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.

Saturday at _____AM

Forms can be emailed, faxed, or mailed.

Email: klambe@pmc-health.org

Fax: 907-772-3085 Attn: Kelsey Lambe

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