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.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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
Fax: 907-772-3085 Attn: Kelsey Lambe
Mail: Petersburg Medical Center Attn: Kelsey Lambe, PO Box 589, Petersburg, AK 99833