



2015 GRANDPARENTS & ME HEALTH FAIR

VENDOR TABLE REGISTRATION FORM

Name of Organization:

(As you would like it to appear on Health fair materials): _____

Contact Person: _____ **Phone#:** _____

E-mail: _____ **Fax #:** _____

Authorized By: _____ **Title:** _____ **Date:** _____

Please list the name and contact information of the person representing your organization at this health fair if different than the contact person above. They will receive all set-up information via email.

Name: _____ **Phone #:** _____

Email: _____ **Fax #:** _____

The Grandparent and Me Health fair includes a variety of vendors with interactive exhibits that provide educational information to all participants. Be sure to include any special requirements you may have.

**PLEASE NOTE: All goods and services for sale must be available on the day of the health fair
All vendors will be required to remain on site until 1:00 PM.**

- Will you need access to an electrical outlet? YES NO - Do you have a large, stand-alone display? YES NO
- Donating a Door Prize is a great way to promote your organization. Would you like to donate? YES NO

DESCRIPTION:

REGISTRATION DEADLINE: Saturday, September 5, 2015

Mail Form to:

NCBW-SNJ
PO Box 4
Wenonah, NJ 08090
Attn: Healthfair

Please contact Jackie Cooper
with any questions:

JCuprics@aol.com
856-287-9461