



13th Annual
Multicultural Senior Wellness Fair
Exhibitor Registration Form



Agency Name: _____

Mailing Address: _____

Contact Person: _____

Contact Phone: _____

Contact Email: _____

Check below if your agency would like an informational booth at the fair:

_____ **Exhibitor (\$125)**

- ❖ A booth at the informational fair
- ❖ Your agency listed in the health fair program
- ❖ Recognition in our Golden Times newsletter

Exhibitor fee and registration form must be received by February 23, 2018 to be included in the health fair program.

Is the individual representing your agency bilingual? YES NO

If yes, please specify what language: _____

Can your agency provide a FREE health screening at the event? YES NO
(Participation fee waived for screenings – must be approved)

If yes, please specify what screening: _____

Please let us know what additional equipment you will need. All booths will have a 6 foot table.

- _____ Chair (please list # needed)
- _____ Electrical Outlet (First priority will be for the health screenings).
- _____ Garbage Can

To ensure your agency is listed in the wellness fair program, please submit Registration Form and \$125 exhibitor fee by **Friday, February 23, 2018**. Please make checks payable to North/Eastside Senior Coalition or NESCO.

Space is limited!