



EXHIBITOR INFORMATION FORM
Cloud County Health Fair
October 18, 2008, 8 a.m. to 1 p.m.

Contact Person _____

Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ Email _____

SERVICE DESCRIPTION

Screening Service _____

Activity/Demonstration: _____

Awareness / information: _____

- YES! I will have a give-away item for a drawing
 We will be holding a drawing at our own table OR
 We would like to place our door prize at the Health Fair table

FACILITY NEEDS

You will be provided with **one table and two chairs for a \$20 booth fee**

For each additional table include an additional \$10

If you have **additional needs**, please note the number below:

- _____ Number of EXTRA tables (depends on space available)
_____ Electrical outlets (limited number of outlets/first come-first served)
_____ Number of EXTRA chairs

YOU WILL NEED TO PROVIDE: Extension cords (and tape to secure the cords to the floor), and any equipment you will need in your booth for presentations, i.e. VCR, monitors, etc.

make checks payable to:

Concordia Chamber of Commerce

and return to
Cloud County Health Fair
c/o Concordia Chamber of Commerce
606 Washington
Concordia, KS 66901