



For office use only:

- Listed on floor layout
- Listed on Vendor Chart
- Listed on setup dinner RSVP
- **Fee Due (Amt): _____
- Needs Electricity
- Door Prize Donor
- Sponsor _____
- Fee Paid _____

Boone Memorial Hospital 2018 Health Fair

Vendor & Sponsor Registration Form

“The Hidden Treasures of Boone Memorial Hospital”

NOTE: Due to increased interest in participation, BMH will review each registration form carefully and select vendors based on tent availability and services offered. Although we hope to include ALL vendors who apply, unfortunately space and parking is limited.

Business/Organization Name: _____

Is this your first time participating in the BMH Health Fair? ___ Yes ___ No ___ Unsure

Contact Person & Title: _____

Phone Number: _____ **E-mail:** _____

Mailing Address: _____

Types of goods/services being offered:

NOTE: Vendors are encouraged to offer educational information and/or services in an **INTERACTIVE** manner. We’ve found that guests respond well to hands-on activities (trivia questions, games, interactive questionnaires, surveys or actual health services/tests, etc).

Do you need electricity? (Please note: **Space is limited for electric**): **Yes** ___ **NO** ___

My organization is willing to donate a door prize to give-away at the fair: **Yes** ___ **NO** ___

***Door prize donors will be listed in the program. Please attach business name to the gift.**

Will you join us the evening prior to the health fair between 3pm-6pm on Thursday, October 4th to set-up your table? A catered buffet style dinner will be served:

___ Yes, I and/or my co-workers will set-up on Thursday. Please include total # for dinner ___ (*Please only count those who plan to actually eat Thursday so we can get an accurate # for catering)

___ No, I/we plan to set-up Friday morning by 7:30am

Cost: PLEASE MAKE CHECKS PAYABLE TO: Boone Memorial Hospital

To pay with a credit card please call Dewey Clayton 304-369-1230 (Ext. 5511) or Kristin Ferguson (Ext.5102) (Please check below):

___ \$25.00 - (non-profit agencies) (you may be asked to send verification of your 501-c-3 status)

___ \$100.00 - (for-profit agencies/businesses)

___ **HEALTH FAIR SPONSOR:** (Check Level Below): *Request Guideline Sheet or visit bmh.org for details*

NOTE: Sponsorship levels are in addition to health fair registration fee. Please add registration fee accordingly.

**Please email logo (if applicable) to kprice@bmh.org by October 2nd*

___ Platinum Sponsor: **\$1,000**

___ Silver Sponsor: **\$350**

___ Dinner/Lunch: **\$1,000**

___ Bronze Sponsor: **\$250**

___ Gold Sponsor: **\$500**

___ Media Sponsor/Live Remote: **\$500**

PLEASE RETURN REGISTRATION FORM BY October 4th, 2018

Payment should be received within 45 days after the event

Makes checks payable to Boone Memorial Hospital and mail to:

BMH HEALTH FAIR: C/O Karlie Belle Price, 701 Madison Avenue, Madison, WV 25130

*****Save time and scan your registration and email to kprice@bmh.org*****