

**The Loretto Hospital
Vendor Event Participation Form**

Event Name: West Side Men's Health Fair
Event Date: Saturday, September 14, 2019
Event Time: 10:00 a.m. – 2:00 p.m.

Company/Organization Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Representative (s) _____

E-mail _____

SERVICES PROVIDED

Please provide a short description of the services you will be offering and/or presenting to guests:

DAY OF EVENT LOGISTICS

1. Loretto Hospital will provide each vendor with one (1) table (6ft. or 8 ft.) and two chairs. Vendors must bring their own table covering with or without company/organization logo.
2. Set-up time is from 9:30 a.m. – 10:00 a.m. However, please plan to arrive no later than 10:00 a.m.
3. Check-in with the security desk and proceed to the 6th Floor Auditorium.
4. Space is limited and tables will be assigned on a first come first served basis.
5. **PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

TERMS OF PARTICIPATION

In exchange for your participation in this event, we ask our partners to assist in the following ways:

Circulate promotional flyer (check the methods that apply to you):

Social Media Website Special Event Electronic Newsletter Other

Commit to bring five people to attend this wonderful event

Please return this form by September 6, 2019 to:
Lee Owens at lee@nameonanything.com (733) 610-3800
Or Bob Mead at bob@meadcomm.com (708) 764-0000