



**Event Details:**

Clifford Davis Elementary School  
 4400 Campus Drive  
 Fort Worth, Texas 76119

**Saturday, April 25, 2009 10am-2pm**

**Set-up Hours:** Saturday, April 25<sup>th</sup> 7am-9am

**Exhibit Hours:** Saturday, April 25, 2009 10am-2pm

**Please remit payment in full to:**

African American Health Expo c/o Nina M. Jackson  
 3150 McCart Avenue, Suite 247  
 Fort Worth, Texas 76110

Tax Exempt Certification c/o Commissioner Roy C. Brooks #20-4185638

**Sponsorship Levels**

**Benefits**

<b>Root Sponsor</b>	<b>\$3,500</b>	Recognition to publications: signs, ads, press releases, websites and 3 exhibitor booths. * Premier table position-end of aisle space * Logo placement on all advertisement
<b>Trunk Sponsor</b>	<b>\$2,500</b>	Recognition in publications: signs, ads, press releases, websites and 3 exhibitor booths. * Logo placement on all advertisement
<b>Tree Sponsor</b>	<b>\$1,200</b>	Recognition in publications: signs, ads, press releases, websites and 1 exhibitor booth. * Logo placement on all advertisement
<b>Branch Sponsor</b>	<b>\$500</b>	Recognition in publications: signs, ads, press releases, websites and 1 exhibitor booth. * Name placement on all advertisement
<b>Seed Exhibitor (501c3 Organization)</b>	<b>\$50</b>	Recognition in publications: signs, ads, press releases, websites and 1 exhibitor booth.
<b>Leaf Exhibitor (For-Profit Organization)</b>	<b>\$150</b>	Recognition in publications: signs, ads, press releases, websites and 1 exhibitor booth.

**EXPO REGISTRATION FORM**

**Please be advised that if your organization is sponsoring this event, all registration forms and checks must be returned by March 27<sup>th</sup>. Please print.**

Sponsorship Level (if applicable): \_\_\_\_\_

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of service provided: \_\_\_\_\_

**Booth Requests:** please circle one and fill in the blanks.

Will you require privacy booths? **Y or N** If so, how many \_\_\_\_\_? Electricity access? **Y or N**

How many people from your group can we anticipate for lunch \_\_\_\_\_?

**Return completed form to:**  
**African American Health Expo**  
 % Nina Jackson  
 3150 McCart Avenue, Suite 247  
 Fort Worth, Texas 76110



## Sponsorship/Vendor Registration 2009

7<sup>th</sup> Annual African American Health Expo

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### Provider Booth Information Regulations

1. **Set up:** Booths may be set up as early as Saturday, April 25<sup>th</sup> between 7:00 am-9:00 am. **All booths must be set up by 9:00 am on Saturday.**
2. **Parking:** Please be considerate to the event attendees and limit the number of vehicles to this event. You will also be asked to park in the back of the school, as to save parking in the front for attendees.
3. **Size:** Each booth will be approximately 6 ft and will include one skirted table (or more depending on sponsorship level), one sign and two chairs. All booths must comply with the Fire Department Safety Codes.
4. **Booth Location:** Please check in at the provider's registration counter in the docking area when you arrive. Your space assignment will be given to you at your time of arrival.
5. **Signs:** One sign will be provided for each booth. The exact name and correct spelling of your organization's name must be included in the space provided on the registration form.
6. **Lunch:** Lunch will be provided to all **registered** sponsors/vendors who have **lunch tickets only!** Lunch will be available from **11am to 1:00 pm. (Either the contact person or the alternate must be present during the health fair to claim meal tickets-NO EXCEPTIONS!!!)**. Please be advised that vendors are permitted only **2 lunches** (with the exception of Root, Trunk and Tree Sponsors), unless otherwise arranged with the Chairperson, Nina Jackson.
7. **Participant Responsibility:** Exhibitors will be solely responsible for any personal property placed in the booth as well as any damage to the facility as a result of neglect.
8. **Teardown:** Exhibitors should begin taking down their booths at 2pm and be finished by 3pm. Please clean up the area around your booth.
9. **Trash:** Containers will be provided for normal waste. If you anticipate the need to discard of bio-hazardous waste materials, you **MUST** provide an appropriately labeled receptacle.