



EXPO REGISTRATION FORM

Completed form must accompany payment.

Event Details:

O. D. Wyatt High School
 2400 E. Seminary
 Fort Worth, Texas 76119

Saturday, April 10, 2010 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
Platinum Sponsor \$5,000	Recognition to publications: signs, ads, press releases, websites and 4 exhibitor booths. * Premier table positions-end of aisle space. * Logo placement on all advertisement.
Root Sponsor \$3,500	Recognition to publications: signs, ads, press releases, websites and 3 exhibitor booths. * Premier table position-end of aisle space * Logo placement on all advertisement
Trunk Sponsor \$2,500	Recognition in publications: signs, ads, press releases, websites and 3 exhibitor booths. * Logo placement on all advertisement
Tree Sponsor \$1,200	Recognition in publications: signs, ads, press releases, websites and 1 exhibitor booth. * Logo placement on all advertisement
Branch Sponsor \$500	Recognition in publications: signs, ads, press releases, websites and 1 exhibitor booth. * Name placement on all advertisement
Seed Exhibitor (501c3 Organization) \$50	Recognition in publications: signs, ads, press releases, websites and 1 exhibitor booth.
Leaf Exhibitor (For-Profit Organization) \$150	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 February 26, 2010. 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**

Will you provide any testing? **Y or N** If yes, specify which test: _____

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

Fax: 817-922-3564 Email: nina.jackson1@fwisd.org

Sponsorship/Vendor Registration 2010

8th Annual African American Health Expo



Event Details:

O. D. Wyatt High School
2400 E. Seminary
Fort Worth, Texas 76119

Saturday, April 10, 2010 10am-2pm

Set-up Hours: Saturday, April 10th 7am-9am

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

Please remit payment in full to:

African American Health Expo c/o Nina M. Jackson
3150 McCart Avenue, Suite 247
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Provider Booth Information Regulations

1. **Set up:** Booths may be set up as early as Saturday, April 10th 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.
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 Platinum, Root, Trunk and Tree Sponsors), unless otherwise arranged with the Chairperson, Nina Jackson. You can purchase a lunch for a child at a cost of \$5.00 per lunch per child.
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.