

BUSINESS or INDIVIDUAL name: _____

DATE: _____

INFORMATION FORM

15th Annual Women's Health Fair Saturday, May 3, 2008 DeVargas Center

1. What information do you plan to offer at the booth? Please be specific.

2. Will you be offering any interactive displays, giveaways, or services? Please be specific.

3. Do you plan to sell any products at your booth? Please specify.

4. Do you require electricity in your booth? Yes / No
If Yes, please identify each piece of equipment so that we can determine your electrical needs.

5. Please state whether you can donate a door prize and what it would be:

6. Please alert us to other potential businesses / agencies who should receive a registration packet for the 15th Annual Women's Health Fair.

7. If you were a participant in last year's Women's Health Fair, do you have any suggestions for this year's event?

8. Please refer to the map to indicate your first, second and third choices of location.

We appreciate your participation!