

# 2013 WARREN COUNTY FAMILY HEALTH FAIR EXHIBITOR REGISTRATION FORM

Organization: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\*\*\*Exhibitors providing Health Screenings will be given registration priority\*\*\*

List health screenings you will be providing: \_\_\_\_\_

**All exhibitors must bring their own tables!**

Space Fee (Check One):

- Government: No fee (limited to one space)
- Non-Profit Organizations: \$10.00 fee **per** space      How many spaces? \_\_\_\_\_
- All others: \$20.00 fee **per** space      How many spaces? \_\_\_\_\_
- We are unable to attend and would like our information displayed on a table, \$10.00 fee.



**A SEPARATE DEPOSIT CHECK of \$10.00 PER SPACE IS REQUIRED!**

(This will be returned if exhibitor remains set-up until 12:30 and signs out)



Will you need electric? (Circle one):    Yes    No

(Outlets are very limited, first come basis with priority to exhibits conducting health screenings)

Focus of your Exhibit: \_\_\_\_\_

Demonstrations, drawings, activities, giveaways: \_\_\_\_\_

Any Special needs: \_\_\_\_\_

Please return completed form **with 2 checks** (1 for space fee, 1 for deposit fee) payable to:

Warren County Health Department  
101 Mockingbird Lane, Suite 100  
Warrenton, MO 63383

**REGISTRATION DEADLINE: February 15, 2013**