

Date: _____

CARE Assigned Table # _____

2020 CARE HEALTH FAIR EXHIBITORS REGISTRATION FORM

(PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY OR YOU MAY ATTACH A BUSINESS CARD)

Name Of Organization: _____ Bus. Service _____

Address: _____ City: _____ State: TX Zip: _____

Phone # for H.F. Directory: _____ - _____ - _____ Market Day: **WEDNESDAY, MARCH 25, 2020**

Contact Person: _____ Phone #: _____ Fax: _____

E-Mail: _____ Note: Electric service and End Cap Booths are limited!
Assignment at discretion of Chairperson & First Come, First Serve!

Need Electric? No Yes (This will limit placement in room)

THE SPONSORSHIP AND EXHIBITORS CATEGORIES AND RECOGNITIONS ARE AS FOLLOWS:

_____ **Diamond Sponsor - \$500 and Above**

Name in Directory, Booth at Health Fair, Dinner Recognition, 2 Lunch & 2 Dinner Tickets plus Special Recognition in Booklet and on Table Tent, Introduction at Dinner

_____ **Platinum Sponsor - \$400-\$499**

Name in Directory, Booth at Health Fair Day, 2 Lunch & 2 Dinner Tickets plus Recognition in Booklet

_____ **Gold Sponsor - \$300-\$399**

Name in Directory, Booth at Health Fair Day, 2 Lunch & 1 Dinner Ticket

_____ **Silver Sponsor - \$200-\$299**

Name in Directory, Booth at Health Fair Day & 2 Lunch Tickets

_____ **Bronze Sponsor - \$100-\$199**

Name in Directory and Booth at Health Fair Day

*This year's Slogan is "2020 - Focus on the Future of Healthcare"
with a Futuristic theme and neon colors for Booth Decorations!*

Our sincere thanks, in advance, for your support of Escapees CARE, Inc., Day Activity and Health Services.
All Donations will be used for improving the programs and facilities.

AMOUNT _____ CHECK # _____ CASH _____ (Received by : _____)

Make Checks out to: **Escapees CARE, Inc.** For Credit Card Payments ---Call 936-327-4256 ask for Business Office

Mail to: ESCAPEES CARE, INC

ATTN: CARE HEALTH FAIR

155 CARE Center Dr.

Livingston, TX 77351

NOTE: Table locations and assignments are made on a first come first serve basis by Sponsor Level. Please get your registration form turned in early for best results!

IMPORTANT: To have your listing in our Sponsors and Medical Exhibitors Directory
Your Donation **Must** Reach us by: **February 15, 2020**