

Date: _____

CARE Assigned Table # _____

2022 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 APRIL 6, 2022**

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, 2 Lunch Tickets plus
Special Recognition in Booklet and on Table Tent, Recognition throughout Event

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

Name in Directory, Booth at Health Fair, 2 Lunch Tickets, plus Recognition throughout Event

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

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

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

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

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

Name in Directory and Booth at Health Fair Day

This Health Fair will be over the top with a circus theme.

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: **March 15th**