



# Health Fair Vendor Agreement

We invite you to be part of our upcoming Health Fairs for the Senior Residents of the Following Buildings (Please Check All Interested In):

√	Date	Time	Vendor Cost	Development Name	Location
	September 14th	12:30pm - 3:30pm	\$50	Char House	251 9th St, Charleroi, PA
	September 14th	9:30am – 11am	\$50	Crest Avenue	500 Crest Avenue, Charleroi, PA
	September 21st	12:30pm-3pm	\$50	Liberty Tower	520 Liberty Street, California, PA 15419
	September 24th	10:30-1pm	\$50	Dorchester	2903 Midland Ave, Pittsburgh, PA 15226
	October 5th	2pm-3:30pm	\$50	Burgettstown	100 Highrise Way, Burgettstown, PA 15021
	October 6th	1pm-2:30pm	\$50	Canon House	Canonsburg, PA 15317
	October 6th	3pm-4:30pm	\$50	Canon Apts	N. Central Ave, Canonsburg, PA 15317
	October 7th	1pm-2:30pm	\$50	Century Plaza	1880 West Chestnut St. Washington, PA 15301
	October 13th	11:00am-2pm	\$50	Evans Square	490 Line Street, Conneaut Lake, Pennsylvania 16316
	October 13th	9:30am-11am	\$50	Claysville	103 Green Street, Claysville, PA 15323
	October 15th	11:30am-1pm	\$50	South Green Gate Commons	South Green Gate Commons
	October 15th	1:30pm-3pm	\$50	Odin View	172 South Greengate Road
	October 19th	10am-1pm	\$50	Kreider Commons	631 N. 8th Street, Lebanon, PA 17402
	October 21st	10am-3pm	\$50	Willow Commons	2064 Willow St, Erie, PA 16510
	October 27th	11:30am-1pm	\$50	EB McNitt	805 Allegheny St, New Brighton, PA 15066

A \$50 vendor fee will be charged to cover the cost of the event and to provide refreshments to residents. Fees are waived for small, community based non-profit organizations.

Please bring educational information and interactive displays to engage residents. Hand outs will be made available to residents who are unable to attend. Giveaways & raffles are encouraged!

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Day of Event Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Description of all products/services to be displayed and/or promoted at the fair:

\_\_\_\_\_

\_\_\_\_\_

Description of Donation for Raffle: \_\_\_\_\_

We require electricity: Yes \_\_\_\_\_ No \_\_\_\_\_ # tables of needed: \_\_\_\_\_ # of chairs needed: \_\_\_\_\_

Additional needs: \_\_\_\_\_



# Health Fair Vendor Agreement

---

**Sign & Return Agreement:**

I, the undersigned, hereby make application for exhibit space at the event(s) listed above. I agree to be at the above listed event(s) at the above listed date(s) and time(s) or be charged a fee of \$75 unless I cancel the event 7 days prior.

Name (please print) Signature: \* \_\_\_\_\_

Position/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail checks to American HealthCare Group Attn: Erin Hart, 733 Washington Road, Suite 102, Pittsburgh, PA 15228. Fax: 412-563-8319 Email: [ehart@american-healthcare.net](mailto:ehart@american-healthcare.net) Questions? Please call Erin @ 412-657-3028