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	12:30 - 3:30	$50	Char House	251 9th St, Charleroi, PA
September 14th	9:30 - 11:00	$50	Crest Avenue	500 Crest Avenue, Charleroi, PA
September 16th	3:00pm-4:30pm	$50	Canon Apts	N. Central Ave, Canonsburg, PA 15317
September 16th	1pm-3pm	$50	Canon House	Canonsburg, PA 15317
September 24th	10:30-1pm	$50	Dorchester	2903 Midland Ave, Pittsburgh, PA 15226
October 5th	2:00pm-3:30pm	$50	Burgettstown	100 Highrise Way, Burgettstown, Pa 15021
October 7th	1pm-2:30pm	$50	Century Plaza	1880 West Chestnut St. Washington, PA 15301
October 13th	TBD		Evans Square	490 Line Street, Conneaut Lake, Pennsylvania 16316
October 13th	9:30am-11:00am	$50	Claysville	103 Green Street, Claysville, PA 15323
October 19th	10am-1pm	$50	Kreider Commons	631 N. 8th Street, Lebanon, PA 17402
October 23rd	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:

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Description of Donation for Raffle: ____

We require electricity: Yes______ No ______ # tables of needed: ________ # of chairs needed: ________

Additional needs:____

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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 Questions? Please call Erin @ 412-657-3028