

## The Future of HealthCare is ours to create!

## American HealthCare Group Fall 2017 Senior Health Fairs Exhibitor Agreement

Company Name:			Contact:				
Day of Event Phone #: Email: _			:				
Additiona	l Contact (if needed):				<u>-</u>		
Day of Event Phone #: Email: _			:				
Description	on of all products/serv	vices to be displayed and/	or promoted at	the fair:			
Description	on of Donation for Raf	fle:					
Electricity: Yes No # tables of needed: # of chairs needed:							
Date	Time	Facility	Location	Attending?	Cost		
9/14	9 -10 am	Nathan Goff	Charleroi	According:	\$50		
9/14	10:30 am – 11:30am	Crest Avenue Apartments	Charleroi		\$50		
9/14	12:30 - 2 pm	Char House	Charleroi		\$50		
9/21	12 -2 pm	Liberty Tower	California		\$50		
9/22	11 am-2 pm	Moorhead Towers	Pittsburgh		\$50		
9/27	10 am - 2 pm	Crowne Plaza Hotel	Bethel Park		\$100		
10/2	2 pm-4 pm	Century Plaza	Washington		\$50		
10/3	10 am-2 pm	Northway Christian Community Church-East End	Pittsburgh		\$50		
10/10	1 -2:30 pm	EB McNitt	New Brighton		\$50		
10/11	2:30pm-3:30pm	Town North Towers	Pittsburgh		\$50		
10/18	1 -2:30 pm	Canon House	Canonsburg		\$50		
10/18	3-4 pm	Canon Apartments	Canonsburg		\$50		
11/14	9:30am-11:30am	Mt. Washington Community Center	Pittsburgh				
Sponsorship Option: Includes all events, event signage, ad on website, inclusion in event promotions, logo placement. \$3500							
<b>.</b>				Total			
Pay with C	heck: (please make chec	cks payable to ( <b>American He</b>	ealthCare Group)	Amount:			
Pay with C	redit: Visa, MC, America	an Express Card Number:		Exp Date: _			
Name on C	Card & Security Code:						
Billing Add	ress for Credit Card:						

## **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 \$50 unless I cancel the event 2days prior.

American HealthCare Group | 1910 Cochran Road, One Manor Oak, Suite 405 | Pittsburgh, PA 15220 | 412.563.8800 | American-healthcare.net



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Name (please print) Signature: *						
Position/Title:	Date:					
Please send form to address below or Fax: 412-563-8319	Email: cclipper@american-healthcare.net					