



Rev Johnny Hollis, Jr, Pastor

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www.mercybaptist.com

2019 Summer Health Fair **Exhibitor/Vendor Form**

_____ **Yes, I will attend the Health Fair on June 29, 2019**

Name of Exhibitor / Vendor: _____

(Tables and chairs will be provided. Please indicate how many tables and chairs you will need. You will need to provide your own table cloth, tent (preferably use a tent, no larger than a 20X20) and signs. The event will be outdoors).

Representative's Name: _____

Contact Email address _____

Phone Number (s) Business _____ **Cell** _____

Number of tables needed: _____

Number of chairs needed: _____

CHECK ALL THAT APPLY TO YOU BELOW AND RETURN THE FORM BY MAY 9, 2019 to kds2195@charter.net or mail a copy of the form to:

Katie Drake Speer
456 Larkwood Drive
Montgomery, AL 36109

_____ **As an EXHIBITOR/VENDOR, we will provide:**

- **a representative for the booth**
- **educational/informational fliers/brochures**
- **demonstration (if applicable) of product(s)**
- **health screening (if applicable)**

_____ **As a FOOD VENDOR, we will set up in the food court and provide samples of food product(s). If feasible, we may provide a cooking demonstration. Please advise if part of participation.**

_____ **As a RECRUITOR, will be present to answer questions regarding our health profession programs.**

Signature: _____ **Date:** _____