

HEALTHY FAIRS, INC.

"YOUR NATIONAL HEALTH FAIR SPECIALIST"

Wednesday, October 23, 2019 9:30AM – 12:00PM Emerald Pointe of Delray Beach Health Fair (55+)

Sponsorship Package \$450.00 Inside Table Package \$225.00

Saturday, November 09, 2019 11:00AM – 1:00PM Coral Cay Plantation Health & Wellness Expo (55+)

Sponsorship Package \$450.00 Inside Table Package \$225.00

Thursday, January 9, 2020 9:30AM – 12:00PM Valencia Lakes of Boynton Beach Health Fair (55+)

Sponsorship Package \$450.00 Inside Table Package \$225.00

Friday, January 24, 2020 9:30AM- 12:00PM Buena Vida of Wellington Health Fair (55+)

Sponsorship Package \$450.00 Inside Table Package \$225.00

Thursday, January 30, 2020 9:30AM – 12:00PM Villaggio Reserve Health Fair 55+

Sponsorship Package \$450.00 Inside Table Package \$225.00

Tuesday, February 4, 2020 9:30AM – 12:00PM Valencia Palms of Delray Beach Health Fair (55+)

Sponsorship Package \$450.00 Inside Table Package \$225.00

Tuesday, February 11, 2020 9:30AM- 12:00PM The Grove of Boynton Beach Health & Wellness (55+)

Sponsorship Package \$450.00 Inside Table Package \$225.00

Wednesday, March 4, 2020 9:30AM- 12:00PM Villaggio of Lake Worth Health & Wellness Expo (55+)

Sponsorship Package \$450.00 Inside Table Package \$225.00

PACKAGE DETAILS

Sponsorship Package: One 6" table, 2 chairs, LOGO & HYPERLINK on all email marketing directly to the resident's prior, during and after the event; logo on all print ads (lobby signs, lawn signs, community newsletter and direct emails), directly to the residents and company signage displayed throughout event.

Private Lecture Room Package: Private Lecture room for the day of the event. 6' table in the exhibit room, 2 chairs in main ballroom

Inside Exhibit Table Package: One 6' table in the exhibit room, 2 chairs

COMPANY NAME _____

COMPANY ADDRESS _____

COMPANY REP _____

PHONE _____ EMAIL _____

SIGNATURE _____

Payment Information (Circle One): Visa MasterCard AmEx Discover

Amount Charged: \$ _____ Card Holder Name: _____

CC#: _____ EXP Date _____

Security Code _____ Corporate Card YES NO (circle one)

Billing Address: _____

Authorized Signature: _____

Check Payment (must be received within 7 days of registration)

Please make checks payable to:

Healthy Fairs

16218 Sierra Palms Drive Delray Beach, Florida 33484

Please fax or email registration form to

1-877-395-4463 or randye@healthyfairs.com

There are no cancellations or refunds.

You will see Healthy Fairs, Inc. on your CC statement. Any Questions??

Please contact 561-509-0491