

HEALTH EXPO VENDOR REGISTRATION

Saturday, September 13, 2025, 10 am – 1 pm
Garber Courts Parking Lot
1760 Fordney Street, Saginaw 48601



DEADLINE TO REGISTER- Friday, August 29, 2025 (*Space is limited, so please register early!*)

COST- \$50 per booth payable to **Central Michigan University** due Friday, September 5, 2025

TIME- Setup 9:15 am | Expo 10 am-1 pm | Tear down 1 pm

Please join the SCMS as we host our second **outdoor** Health Expo **“The Doctor Is In”** in connection with the **Pulse³ Foundation Hearts and Paddles Pickleball Tournament** on Saturday, September 13th at Garber Courts, 1740 Fordney Street in Saginaw from 10 am – 1 pm.

- Vendors will be provided one eight-foot table on an 18’x18’ site in the Garber Courts parking lot. **Vendors are responsible for bringing a canopy, chairs, table covering, etc.** Please do not request electricity unless you need it.
- You are invited to bring swag for booth visitors- if offering snacks, please make sure they are heart healthy.

If you would like to participate in the Health Expo, **please complete and return a separate form for each vendor table requested** by August 29, 2025, via email to jmcramer@saginawcountymys.com. Payment to CMU is due by September 5.

PLEASE PRINT

Name of Organization		
Contact Person/Title		
Address, City, State, Zip		
Office Phone	Cell/Mobile	Email
What is planned for your space?		Number of people working your booth
Will you provide a health screening? If so, what type? <i>Please make sure to bring chairs for those being screened and waiting to be screened.</i>		
Do you require electricity? <input type="checkbox"/> YES, we need electricity- you will need to bring an extension cord Please do not request electricity if you do not need it. Electrical outlets are very limited.		

PAYMENT INFORMATION

<input type="checkbox"/> Check enclosed (payable to Central Michigan University)				
<input type="checkbox"/> Charge my	<input type="checkbox"/> AmEx	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
<input type="checkbox"/> Card #		<input type="checkbox"/> Exp __/__/__	<input type="checkbox"/> Security Code	
Cardholder name		Cardholder address		
Payment authorized signature				Date
Name (printed)				

- Please email completed form to jmcramer@saginawcountymys.com by August 29, 2025
- If paying by check, mail check to **CMU College of Medicine**, 1632 Stone Street, Saginaw, MI 48602 by September 5, 2025 CMUPulse3@cmich.edu
- Questions? Call Joan Cramer, SCMS Executive Director at (989) 284-8884