

**SAGINAW COUNTY MEDICAL SOCIETY • 14<sup>th</sup> Annual Health Fair “The Doctor Is In!”**  
**Saturday, March 17, 2018, 9 a.m. – 1 p.m.**  
**Horizons Conference Center • 6200 State Street • Saginaw, Michigan 48603**

**VENDOR REGISTRATION**

**PLEASE NOTE: Registration fee prior to February 23, 2018, is \$200. Registration fee after February 23, 2018, is \$250. DEADLINE FOR RECEIPT OF ALL BOOTH RESERVATIONS IS WEDNESDAY, MARCH 7, 2018, or until we reach capacity - NO EXCEPTIONS.** Vendor booths include one eight foot skirted table and two chairs. Coffee, water and soft drinks will be provided, along with a continental breakfast. Sales from booths are prohibited, but giveaways are encouraged. *If you require two tables, you will be charged for two booths.* **Booths are available on a first come, first served basis, and space is limited.** Participants are asked to staff their booth during the entire Health Fair. Tear down will not be allowed until 1 p.m. Anticipated attendance - 1,100.

If you would like to participate in the 14<sup>th</sup> Annual Health Fair, please complete and return this form and your check in the amount of **\$200 per booth (before 2/23/18)** or **\$250 per booth (after 2/23/18)** **BUT NO LATER THAN WEDNESDAY, MARCH 7, 2018**, payable to the Saginaw County Medical Society, to 350 St. Andrews Road, Suite 242, Saginaw, Michigan 48638-5988. Please contact the SCMS – Joan at [jmcramer@sbcglobal.net](mailto:jmcramer@sbcglobal.net) or Keri at [keri.benkert@sbcglobal.net](mailto:keri.benkert@sbcglobal.net) or 989-790-3590 with any questions (fax 989-790-3640). **The Vendor Registration form can also be downloaded from our website at [www.SaginawCountyMS.com](http://www.SaginawCountyMS.com)** under the Health Fair tab.

**The 14<sup>th</sup> Annual SCMS Health Fair is a privately sponsored event. The SCMS reserves the right to refuse any vendors, including but not limited to, those who do not fit the mission and scope of the SCMS, physicians and/or businesses owned by physicians who are not members of the SCMS, and hospitals outside of Saginaw County.**

**PLEASE PRINT**

Name of Organization			
Contact Person			
Address			
City	State	Zip Code	
Office Phone	Cell Phone	Fax	Email
What is planned for your space?			Number of people working your booth
Will you provide a health screening? If so, what type?			
Do you require electricity? <b>Please do not request electricity if you do not need it. Electrical outlets are not available at all booth locations, and booth placement is based partly on electrical needs. <u>If yes, please bring an extension cord.</u></b> <input type="checkbox"/> YES, we need electricity <input type="checkbox"/> NO, we do NOT need electricity			
Each booth has two chairs. <b>If you are performing a screening or have more than two people staffing your booth, please indicate the total number of chairs needed:</b>  # of Vendor Chairs Needed _____ # of Testing/Waiting Chairs needed _____			
Will you donate an item to be raffled off at the Health Fair? If so, please bring the item the day of the Health Fair and label it with your organization's name. <input type="checkbox"/> YES, we will donate an item for the raffle.			

Planned in association with CMU Health, Covenant HealthCare, Great Lakes Bay Health Centers, Michigan Cardiovascular Institute, Saginaw County Osteopathic Society and St. Mary's of Michigan