

# HEALTH & WELLNESS



# EXPOSITION

A Chamber Health Institute Event

In conjunction with:

**Norma Pfriem Breast Center**  
at the **Park Avenue Medical Center**

Date:

**Sunday, March 12, 2017**

*Snow Date: March 19th*

10:00 am to 4:00 pm

Location:

**Yale New Haven Health**  
**Park Avenue Medical Center**  
5520 Park Avenue  
Trumbull, CT 06611

Event Sponsor:



Listen for ads on:

**wicc 600**

**webe 108**

This is an ideal opportunity to promote your business to hundreds of health-conscious Fairfield area residents! Health professionals who work with clients and patients: chiropractic, fitness, nutrition, and a variety of health doctors, can have their exhibits and materials ready to hand-out, and have the opportunity to interact with attendees.

*New this year: 10 Topic Lecture Series!*

**Exhibit Space: \$225 Chamber Members**  
**\$299 Non-Chamber Members**

**Electrical hook up (limited available) \$35**

***Register and submit payment by February 10th***  
***and receive a \$50 Early Bird Discount!***

***All payments must be received by March 7th or set up will not be allowed.***



One 6' table, tablecloth and two chairs are provided for each exhibitor. Free access to Wifi .

Advertising for the event will run in local newspapers, on WEBE108 & WICC, on the Chamber's website, social media and fliers.

\*\*\*email Krista@FairfieldCTChamber.com for more information\*\*\*

## Exhibitor Table Reservation – Health & Wellness Expo 3/12/17

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

☐ We are interested in providing free health screenings -please contact us!

### Payment:

☐ Chamber Member Price: \$225 - **\$175 if paid before 2/10/17**

☐ Electrical Hook Up: \$35

☐ Non-Member Price: \$299 - **\$249 if paid before 2/10/17**

☐ Check enclosed payable to: Fairfield Chamber of Commerce and mailed to 1597 Post Road, Fairfield, CT 06824

☐ Visa ☐ MasterCard ☐ AMEX (Fax Credit Card payments to the Fairfield Chamber at: 203-256-9990)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Print Name on Card \_\_\_\_\_