



WELLNESS FAIR PARTICIPATION FORM

Company Name: _____
Contact Name: _____
Address: _____
Phone Number: _____
Email Address: _____

1. Briefly explain the nature of your business:

2. Will you provide discounts/sample products/giveaways? Yes No

If yes, please describe: _____

3. Will you provide door prize? Yes No

If yes, please describe: _____

4. Will you be selling merchandise, items, or other goodies? Yes No

If yes, please describe: _____

**Please note one 6-foot table and two chairs will be provided for each participating vendor. We are unable to provide access to electrical outlets.*

Please return this form by **Monday, April 19, 2024** to
Nicholena.Hamilton@palmbayflorida.org OR 120 Malabar Road, SE, Palm Bay, FL
32907.

Human Resources Department
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Phone: 321.952.3421 • Fax: 321.733.3001