

Great Expectations Registration Form



Sunday, August 19 • 2 – 4 p.m.

Please complete the following and return it no later than July 25 to the address listed below:

Choose a facility:

- Mobile Infirmary
- Thomas Hospital
- North Baldwin Infirmary
- Exhibit Space-\$25 (no fee for NBI)

Exhibit space includes one table (tables may be smaller than 6 ft. at Mobile Infirmary), table sign, plastic table cloth and one chair.

Please note:

- Refreshments will be provided. Please do not bring in any outside food or drink. Wrapped candy is permitted.
- Vendors may not arrive before 12:30 p.m. Doors will not be open until then.

(Please print clearly)

Contact Name: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Print your company's name as you want it to appear in all publicity and on your exhibit table sign.

- Yes, I will donate a door prize. Please plan to bring your door prize, a short description of the item and your company/services to be announced at the event.
- No, I cannot attend, but would like to donate a door prize.

**First-come, first served - Duplicate retail vendors will not be accepted.*

Vendors will be notified by Aug. 1, if they are duplicates all vendors are subject to the Great Expectations planning committee's discretion. Medical professionals must have privileges at an Infirmary Health hospital to participate.

Please make check payable to Infirmary Health and mail registration form to:

Marketing Communications
1 Mobile Infirmary Circle, Suite 300
Mobile, AL 36607

Phone: (251) 435-3939
or email: charisse.babb@infirmaryhealth.org



INFIRMARY
— **HEALTH** —

More devoted to *your* life.