



# Buddies of NJ's Resource & Community Wellness Fair

## HEALTH / VENDOR APPLICATION

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Service/Screening \_\_\_\_\_

Type of Display \_\_\_\_\_

Number of people: \_\_\_\_\_ Bringing a sign or banner?  Yes  No

Bringing give away / promotional materials?  Yes  No

Equipment needed:

Type \_\_\_\_\_ # of tables \_\_\_\_\_ # of chairs \_\_\_\_\_

Electrical outlet needed?  Yes  No

Other: \_\_\_\_\_

**\*PLEASE BRING YOUR OWN TENTS IF NEEDED\***

Signature

Date

### Agreement and Signature

1. Vendor/Participant's hereby agrees to present its services at Health Fair. Sunday, September 28, 2019 from 11 am to 4 pm @ 149 Hudson Street Hackensack, NJ 07601
2. Vendor/Participant hereby agrees to set up between 9 & 10:15 AM [streets close at 10:30 am]
3. We agree to attend the Rain Date is the following day, Sunday, September 29, 2019
4. Vendor assumes responsibility for the security of all its merchandise, equipment and belongings.
5. Vendor/Participant agrees to stay until the end and make sure area is clean.

Fill out, sign and return to: [ray@njbuddies.org](mailto:ray@njbuddies.org) OR FAX to: **201-489-2133**

**CALL 201-290-1539 FOR SPONSORSHIP OPPORTUNITIES**

