

# **“Stay Well Farmington”**

## **at the Farmington Chamber’s**

### **Annual Health Fair**

**Farmington Civic Center**

**200 W. Arrington**

**10am-1pm**

**Saturday, January 26, 2019**

**Sponsored by the Farmington Chamber of Commerce Health and Wellness Committee**

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

Company/Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Service you will be providing \_\_\_\_\_

Screenings you will be providing \_\_\_\_\_

**Booths need to be set up by 9:45 a.m. Booths may not be taken down before 1 p.m.!**

**Information about products and services can be displayed and demonstrated.**

**Selling of products and services is NOT allowed at the fair.**

**A 6 foot table and 2 chairs will be provided.**

**Booth fee is \$35 for chamber members and \$55 for non-members (which will include 2 lunches)**

\_\_\_\_\_ One Booth \_\_\_\_\_ Two Booths \_\_\_\_\_ Three Booths \_\_\_\_\_ Or More!

\_\_\_\_\_ I have enclosed \$\_\_\_\_\_ for my booth space(s) at the Annual Health Fair.

\_\_\_\_\_ I would like to pay by credit card #\_\_\_\_\_ Ex. date\_\_\_\_\_

\_\_\_\_\_ I would like to participate. Please send me an invoice in the amount of \$\_\_\_\_\_.

\_\_\_\_\_ I am interested in giving a product demonstration.

\_\_\_\_\_ I would like to donate a door prize.

Power is very limited and must be requested in advance in order to accommodate your needs.

I will need a power outlet and will supply my own electrical cord: Yes\_\_\_\_\_ No\_\_\_\_\_

Signature \_\_\_\_\_

Please return this form **by Jan. 21** to:  
**Farmington Chamber of Commerce**  
**100 West Broadway**  
**Farmington, N.M. 87401**  
**chamber@gofarmington.com**  
**Fax: (505) 327-7556**



**If you have questions or need more information, please contact the Farmington Chamber of Commerce (505) 325-0279**