

Table Vendors Registration Form



My Organization would like to set up a **Table**:

Business Contact Name & Phone: _____

Business Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Website: _____

Social Media (Facebook, Twitter, YouTube, etc): _____

- _____ For Health Screenings, (blood pressure, blood sugar)
- _____ For Promotion and Information about our organization
- _____ Other: _____

- **Tables can begin set-up at 8:00AM on Saturday, September 28, 2019**
- **One (1) Table and two (2) Chairs will be provided**
- **Request for Access to Electrical Outlets must be made by Friday, August 30, 2019**
(additional fees may be incurred)

\$ 30.00

Please make all donations payable to:

Community HealthNet Health Centers
1021 W 5th Ave
Gary, Indiana 46402

Community HealthNet are 501c (3) and donations are tax-deductible. Please consult with your Tax Advisor.