



PATHWAYS TO smartcare

Exhibitor Agreement - #1, #2, #3, & sign!

#1 Participant Information:

Company Name: _____ Contact Person: _____

Phone #: _____ Fax #: _____ Email: _____

Mailing Address: _____

**Please list all information as you would like it printed in the "Day of Event" marketing material.

Description of all products/services to be displayed and/or promoted at the fair: _____

Description of **Raffle Prize** Giveaway: _____

#2 Events you would like to participate in:

3 Choose your Payment Method:

____ Check enclosed (please make checks payable to (**American Health Fairs**))

____ Credit Card ___ Visa ___ AmEx ___ MC

Credit Card Number and Expiration Date: _____

X _____

Please tell us

→ We require electricity: Yes ____ No ____ → # tables of needed: _____ → # of chairs needed: _____

→ Additional needs: _____

Agreement (*see Appendix on second page)

I, the undersigned, hereby make application for exhibit space at the event(s) listed above. I hereby acknowledge that I have read the information and agree to all terms, conditions, rules and explanations herein.

Name (please print) _____ Signature: * _____

Position/Title: _____ Date: _____

Please send contract with payment to:

American Health Fairs
1910 Cochran Road, Suite 600
Pittsburgh, PA 15220

Phone: 412-563-8800 or 412-563-7802
Fax: 412-563-8319
Email: ssteranka@american-healthcare.net

Pathways to SmartCare is a product of:



"The Future of HealthCare is ours to Create"

*** Appendix:**

If a vendor is tardy to an event without prior notice, the reserved table may or may not be available upon arrival

If a vendor leaves the event prior to the contracted end time without consent from the event coordinator, a \$100.00 penalty fee will be charged.