

The Parkinson Foundation Community Health Fair  
Lake Charles Civic Center – Contraband Room  
900 Lakeshore Dr, Lake Charles, LA 70601  
Vendor / Sponsor Application Form  
Event Date: Saturday, August 19, 2017

Description of Event:

- Various organizations / speakers providing education, support, and outreach to the community.
- Lunch will be provided.
- Saturday, August 19, 2017, 9 a.m. - 1 p.m.
- Free Admission to the public.

**Sponsor information:** (Payment is due with Application. **Exhibitor only** spaces are also available for \$50 and include 8' table and 2 chairs on a first come first served basis.) Sponsors may choose to not exhibit during the event. Return by July 7, 2017 to be included in advertising.

\_\_\_\_\_ **PLATINUM:** \$1000 entitles sponsor to:

Two (2) 8' tables at the event in prominent location, recognition in all print and media distribution, including company logo, ad placement in the event program, recognition on the Eljay Foundation for Parkinson Syndrome Facebook Page, address the audience up to 5 minutes between presentations

\_\_\_\_\_ **GOLD:** \$500 entitles sponsor to:

Two (2) 8' tables at the event in prominent location, recognition in all print and media distribution, including company logo, ad placement in the event program, recognition on the Eljay Foundation for Parkinson Syndrome Facebook Page

\_\_\_\_\_ **SILVER:** \$250, entitles sponsor to:

Two (2) 8' tables at the event in prominent location, recognition in all print and media distribution, including company logo.

\_\_\_\_\_ **BRONZE:** \$100 entitles sponsor to:

One (1) 8' table at the event, recognition in all print and media distribution, including company logo

\_\_\_\_\_ **VENDOR** \$50 entitles you to:

One (1) 8' table at the event, company name listed in event program

\_\_\_\_\_ I would like to sponsor The Parkinson Foundation Community Health Fair, and I will exhibit during event. (Please complete Vendor Application Form.)

\_\_\_\_\_ I would like to sponsor The Parkinson Foundation Community Health Fair, but I do not wish to exhibit during event. Vendor Application Form is not needed, please fill out information below:

**Non-exhibiting Sponsor information:**

Agency/Business: \_\_\_\_\_ Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (s): \_\_\_\_\_

Payment method: \_\_\_\_\_ Check (enclose) \_\_\_\_\_ Credit Card:

Credit Card Information: Type: \_\_\_\_\_ CC# \_\_\_\_\_

Exp. Date \_\_\_/\_\_\_/\_\_\_ Sec. Code \_\_\_\_\_ Name on Card \_\_\_\_\_

Card Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

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Community Health Fair  
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Agency/Business: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone (s): \_\_\_\_\_

Type of Booth & Description: Please indicate type and provide description.

\_\_\_\_\_ Business \_\_\_\_\_ Health \_\_\_\_\_ Services \_\_\_\_\_ Other

Please give a detailed description of your products/services:

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Each Vendor will be supplied a table based on Sponsor level. Do you require electricity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Vendor Information and Requirements:

- Payment is due with application. Application deadline is July 7, 2017.
- Booth space with electricity is limited and available on a first come – first served basis.
- Table cloths and tables will be provided.
- Please provide a description of your booth items on the above form (attach an additional sheet if necessary.)
- Vendors are to check in between 8:00 am -8:45 am.
- Booths must be completely set up by 8:45 am. The Health Fair committee requests that all vendor booths remain open throughout the event. Tear down will begin at 1:00 pm.
- The vendor is responsible for leaving the vendor area in the condition that it was originally received, i.e. removal of all debris such as boxes and trash.
- Each Vendor will receive a confirmation letter upon receipt of their application.
- All vendor fees are non-refundable if application is accepted.

Waiver: Vendors must make provisions for safeguarding their goods. Vendors assume full liability for protecting, care and maintenance of vendor's property.

Please sign to acknowledge that you have read all of the information, rules and regulations and agree to be bound by this contract.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED FORM BY July 7, 2017 TO:**

The Parkinson Foundation - Community Health Fair Attn: Tara Demarie  
3025 Lake Street - Lake Charles, LA 70601

For more information contact Tara Demarie – 337-310-2131 or [tpdemarie@eljayfd.org](mailto:tpdemarie@eljayfd.org)