



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

#1 Participant Information:

Company Name: _____ Contact Person: _____

Phone #: _____ Fax #: _____ Email: _____

Mailing Address: _____

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 _____ Expiration Date: _____ Security Code(on back) _____

Signature **X** _____

Please tell us

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

→ Additional needs: _____

👉 Agreement (*see Appendix)

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 405
Pittsburgh, PA 15220

Phone: 412-563-8800
Fax: 412-563-8319
Email: ssteranka@american-healthcare.net (Sarah Steranka)
- OR - lhkanche@american-healthcare.net (Liz Kanche)

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.