



Vendor Information Form

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Email: _____

Description

Describe your booth and/or display: _____

Screening service:

Activity/demonstration:

Giveaways:

Raffle prize donation: **In lieu of vendor fee we ask that you bring a raffle item**

Needs

You will need to bring your own table and chair. Please note there will be no access to electricity.

Staff

Please note all staff that will be representing you at your booth:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Do you have any other requirements you may need on fair day? _____

EMAIL BACK TO CARY QUINONES AT CQUINONES@FAMILYHEALTHSOURCE.ORG BY 11/15/2016.

ANY QUESTIONS (386) 202-6025 X2727 OR SANDY GUZMAN AT CELL (386) 871-2101