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www.friendsofparkside.org

2018 Parkside Health Fair Vendor Interest Form

Date: Wednesday, July 18, 2017 11AM – 3PM @ TVP II Community Center, 5000 Detroit MI 48213

Organization Information

Organization: _____

Address: _____

Primary Organization Contact Person: _____

Telephone: _____ Fax: _____ Email: _____

Contact Person for Health Fair (if different from above): _____

Telephone: _____ Fax: _____ Email: _____

Identify Primary Target Audience: _____

Staff

Please list all staff that will be representing you at your booth and their titles:

Name/Job Title:

1. _____

3. _____

2. _____

4. _____

Services You Will Provide for Health Fair

Check all that apply:

Counseling Services (if yes, what services): _____

Screening service (if yes, what services): _____

Awareness Informational (e.g. heart disease, substance abuse, etc.): _____

Giveaways (if yes, item types): _____

Health Professional speaker (if yes, please provide name): _____

Workshops using classroom facility (if yes, what topic will be discussed): _____

(How much time would you like for your presentation? 15 minutes or 30 minutes)

Provided Amenities

You will be provided with (1) rectangular six-foot table and (2) chairs. If you need additional items, please indicate below and we will do our best to accommodate you:

Check all that apply:

Table Cloth Electrical outlet (limited availability)

Other (if checked, please describe): _____

Health Fair Vendor Fee (\$25) /Other Donations

Cash Amount: \$ _____ Check Amount: \$ _____ (please make payable to: Friends of Parkside)

In-kind/Other Donations: Value \$ _____ (e.g. food, health fair related supplies): _____

Please return form by **June 22, 2018** by email to healthfair@friendsofparkside.org or fax 313-429-7565