



Community Health Expo 2012
Saturday, March 17, 2012
9:00 am – 2:00 pm
Coral Ridge Presbyterian Church, 5555 N. Federal Hwy, Ft.
Lauderdale, FL 33308

VENDOR CONTRACT

Organization Name: _____

Address: _____

Cell Phone: _____ Business Phone: _____ Other: _____

E-mail: _____ Fax No: _____

Contact Person: _____

Describe type of service to be provided:

REGISTRATION FEE: \$25.00 (payable to Light of the World Clinic, Inc)

Registration fee waived for non-profits-but you must bring a gift basket or item to raffle the day of expo.

You Get: One 1 table and 2 chairs. Set up **MUST be completed by 8:00 AM**

Signature: _____ **Date:** _____

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Send Completed Application Form by FAX, EMAIL or MAILED TO:

ATTN: Health Expo Coordinator

806 E Prospect Road, Oakland Park, FL 33334 Fax: (954) 563-3670

Email: volunteer@lightoftheworldclinic.com

Reserve your table now - space is limited!!

First come, first serve basis ONLY.