



# CELEBRATE HEALTHY LIVING

## 2010 Health Fair

**Thursday, August 19**

**11:30 am – 4 pm**

**Cedar Fork Community Center**

**1050 Town Hall Drive, Morrisville**

**FREE AND OPEN TO THE COMMUNITY**



**BlueCross BlueShield  
of North Carolina**

*Platinum Sponsor*

The Morrisville Chamber of Commerce is pleased to present its 2nd Annual Health Fair. The mission of the Health Fair is to build community awareness of the many quality health and wellness organizations that are available in our area. Participating businesses will provide a host of healthcare screenings, services, information and activities.

### SPONSORSHIP OPPORTUNITIES

**Platinum - SOLD**

**Gold - \$1,500 (unlimited)**

Complimentary display table for you or the health organization of your choice / Logo recognition in all printed materials, promotional e-blasts and website

**Silver - \$750 (unlimited)**

Complimentary display table for you or the health organization of your choice / Name recognition in all printed materials, promotional e-blasts and website

### DISPLAY TABLES

**Member - \$100; Non-Member - \$175**

Health and wellness organizations are encouraged to reserve a display table. Includes the opportunity to offer complimentary health screenings or other related services or activities at the event. Display table consists of a 6-ft. table with tablecloth and two chairs. See back for details.

*Gold Sponsor—*



*Silver Sponsor—*

**Rex Healthcare**



**REGISTRATION**

Company Name \_\_\_\_\_ Main Contact \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Sponsorship Level \_\_\_\_\_ Amount Due \_\_\_\_\_

**DISPLAY TABLE/VENDOR INFO**

Brief description of company/organization \_\_\_\_\_  
\_\_\_\_\_

Explanation of screenings, services, information, or activities you propose to offer. Are there any costs/fees associated with your offering? (Please note: All offerings are subject to approval by the Health Fair Committee)  
\_\_\_\_\_  
\_\_\_\_\_

Do you need electricity? (Y/N) \_\_\_\_\_

Do you require any special accommodations (i.e. oversized space; corner; private room)? If so, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Will you consider donating a door prize for the event? If so, what will it be and what is the value? (\$25 minimum value, please) \_\_\_\_\_

**PAYMENT**

Amount Due \$ \_\_\_\_\_. Make checks payable to Morrisville Chamber of Commerce.

Please charge my:  MasterCard  Visa  American Express

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code (3 digits on back) \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

**Submit completed form and payment to:** Morrisville Chamber of Commerce, c/o Health Fair Committee, 260 Town Hall Drive, Ste. A, Morrisville, NC 27560. Or, email to chamber@morrisvillenc.com or fax to (919) 380-9021. Sorry, no refunds after August 5.

**For more information, visit [www.MorrisvilleNC.com](http://www.MorrisvilleNC.com) or contact the Morrisville Chamber at (919) 463-7150 or chamber@morrisvillenc.com.**