

13th Annual Senior Health & Fitness Fair

WEDNESDAY, OCTOBER 25, 2017



APPLICATION FORM (Please complete every line on this form.)

Company/Organization Name _____ Today's Date _____

Contact Name _____ Phone _____

Address _____

Booth Sign Title _____

Service to be rendered/promotional items/samples _____

___ Yes, I will be offering a health screening for: _____

Number of box lunches needed (2 included; \$10 for each additional) _____

Will you bring your table drape (to the floor)? Yes _____ No _____

WIFI available at each booth.

**Electrical outlets available at each booth; please indicate if needed _____

Sponsorship (Booth Fee Included)		Booth Fees		Late Registration after Friday, October 6, 2017			
Bronze	\$250	Silver	\$500	Profit	\$175	Profit	\$200
Gold	\$1,000	Platinum	\$2,500	Non-Profit	\$100	Non-Profit	\$150
		Diamond	\$5,000	TAX ID #	_____		

Credit Card Information

Name on card: _____

Credit Card # _____ Expiration Date: _____

E-mail Address: _____

Payment must be received no later than **Thursday, October 5, 2017**, to secure your booth. LLU requisitions, Visa, MasterCard, American Express, and Discover cards are accepted. Please make all checks payable to LLU Drayson Center (Tax ID #95-1816009). Please note that if you are filing as a non-profit organization, you must attach a copy of your 501(c)(3) license.

If you have any questions, please contact:

**Bess Getman, Senior Wellness Manager, 909.558.7233, bgetman@llu.edu,
Jo Ann Butler, 909.797.8042, joannbutler@llu.edu
William Wright, 909.558.1000, Ext 55320, [wright@llu.edu](mailto:wwright@llu.edu)**

Please return this form via mail or fax by Monday, **October 2, 2017**, to:

**Bess Getman, Manager
Senior Wellness Program
Loma Linda University Drayson Center
25040 Stewart Street
Loma Linda, CA 92350
909.558.0102 fax**



**LOMA LINDA UNIVERSITY
HEALTH**