



LANGLEY CENTER
FALL COMMUNITY HEALTH FAIR
Saturday, October 26, 2019 9:00 A.M. – 2:00 P.M.
 400 West Emerson Ave., Monterey Park CA 91754

Booth Set-up 7: 30 a.m. – 8:30 a.m. Health Fair: 9:00 a.m. – 2:00 p.m. Location: Langley Center

Name of Organization: _____ Tax ID: _____

Contact Person: _____ Job Title: _____

Address: _____ City: _____ Zip: _____

Phone: Daytime: () _____ Work: () _____ Email: _____

FEE: Please Check one: Booth space includes (1) 8” table and 2 chairs Box Lunch x qty ____ (max 2)
 Government/Public Agency Non-Profit Charity \$30.00 Non-Profit Corporate Exhibitor \$75.00
 For-Profit Corporate Exhibitor \$125.00 Event Sponsor \$150.00 (includes company logo on materials)

Optional requests and needs:

Tables (8ft) _____ **Chairs** _____ **Display Items/Giveaways** _____

Electric Outlet and supply _____ Yes _____ No (*Limited Spaces. Bring extension cord as needed.*)

Please provide a brief description of the items and products or services you wish to promote:

Booth Policy and Operations:

1. Designated exhibit space(s) is assigned on a first registered, first served basis. Event sponsors and early registrants receive priority table placement at the event. Your exhibit space includes an 8 ft. table and 2 chairs. Electrical outlets and supply are available and limited.
2. An adult (18 years or older) must be present in the booth at all times.
3. Please bring your own tablecloth and other marketing materials to help establish a defined presence at the event.
4. You are responsible for your own merchandise, maintaining your booth clean and free of trash and cleanup of all personal items from the booth at the end of the event.

**Please make your check payable to City of Monterey Park
 and mail completed form with check payment to:**

*City of Monterey Park
 Attn: Langley Center Fall Health Fair
 400 W. Emerson Avenue, Monterey Park CA 91754*

We agree to abide by all rules and regulations set by the **City of Monterey Park/Langley Center** as listed above. If we fail to do so, we understand that our booth may be **closed down**. By your submittal of this form and signature, you agree to hold the City, Langley Center and its committee, agents, representatives, and/or employees harmless and free of any losses and/or liability. It is further agreed that all required sales taxes from sale of merchandise during the event will be the sole responsibility of the undersigned and that all applicable permits and insurance certificates necessary for a particular exhibit will be current and valid.

Signed: _____ **Date:** _____
 (*Responsible party and/or organization*)

By submitting this form, you are confirming your participation in the 2019 Fall Health and Wellness Expo. Please return this form, ALL requested information, and your payment immediately. You will then be contacted later regarding your booth location.

FOR OFFICE USE ONLY: Paid: _____ Receipt# _____ Date: _____ Lunch _____ Booth# _____