



EXHIBITOR AND RESOURCE GUIDE FORM

Flagstaff's Small Business Health Fair
Health Benefits for Small Business Employees and Employers.
May 4th, 2010
Aquaplex, 1702 North 4th Street, Flagstaff AZ 86004

REGISTRATION INFORMATION:

Name attending: _____ Contact phone: _____

Name of business: _____

Address: _____

Email: _____ Website: _____

Business Category: Wellness _____ Fitness _____ Health Ins. _____ Health Screening _____ Alternative Healing _____

Please List Door Prize: _____

Description of Services (what would you like people to know about your business):
This will be included in a Resource Guide for participants to take home – (limit 50 words or less)

Any special offer your business would like to promote: _____

Form of Payment (\$50 for non-profits, \$75 for profit organizations):

- Check (Mail checks to Katie Hall, North Country HealthCare, 2920 N. 4th St., Flagstaff, AZ 86004)
- Cash
- Card: Visa _____ MasterCard _____ American Express _____ Discover _____

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____ Your Initials: _____

Date: _____

Please email this form to kahall@northcountryhealthcare.org or fax to 928.526.1143
*** PLEASE BE SURE TO INCLUDE YOUR BUSINESS LOGO IN THE EMAIL**