

Prevention and Wellness Fair for Veterants

VFW Colonia Memorial Post 6061
 606 Inman Ave, Colonia, NJ, US 07067
 Friday, April 17th, 2015 – 11:00 am – 3:00 pm

REGISTRATION FORM

Name of Primary Contact Person		Phone Number / E-mail	
Name of Organization		# of Exhibitor(s)	# of Table(s)
Primary Address			
City	County	State New Jersey	Zip Code
Phone	Fax	Web Site	
Type of Organization (Please select only one option)			
<input type="checkbox"/> Academic Institution <input type="checkbox"/> Community-based, Non-profit Organization <input type="checkbox"/> Faith-Based, Non-profit Organization		<input type="checkbox"/> Governmental Agency <input type="checkbox"/> Health Care System (Hospital-based Setting) <input type="checkbox"/> Other, Please Describe _____	
Please describe what you will be offering to event attendees			
<input type="checkbox"/> Resources <input type="checkbox"/> Materials, including the language(s) in which they are written or spoken <input type="checkbox"/> Giveaway items <input type="checkbox"/> Services <ul style="list-style-type: none"> <input type="checkbox"/> Blood Pressure Screening <input type="checkbox"/> Blood Glucose Screening <input type="checkbox"/> Cholesterol <input type="checkbox"/> BMI <input type="checkbox"/> Skin Analysis <input type="checkbox"/> Oral Cancer Screening <input type="checkbox"/> Other: _____ <input type="checkbox"/> Interactive exhibits <input type="checkbox"/> Presentations <input type="checkbox"/> Do you need electricity?			

Please email or fax completed Event Exhibitor Registration Form to:
 Viviana De Los Angeles at Viviana.delosangeles@co.middlesex.nj.us