

2019 Health & Wellness Fair: Vendor Application

EVENT INFORMATION

Date: Friday, September 27th, 2019

Time: 8:00am – 11:00am

Location: The Regency
Conference Center
400 Regency Drive
O'Fallon, IL 62269

SECTION 1: BUSINESS INFORMATION

Business Name/Organization: _____

Your public business address,
phone number, e-mail, etc: _____

Who is the point of contact at your business/organization
about the event?:

Name: _____ Phone: _____

E-Mail: _____

EVENT DETAILS

- Employees from the O'Fallon-Shiloh Chamber, City of O'Fallon, & City of Fairview Heights will be in attendance!
- **Vendor space is subject to availability!**
- **There is a required attendance prize – vendors must bring an attendance prize valued at \$75.00.**
- Your attendance prize should not be something that you already give away to the public for free.
- Attendance prizes will be given away in a grand prize drawing at the conclusion of the event.

SECTION 2: VENDOR PARTICIPATION

What attendance prize will you bring? _____

Can you bring an interactive game or display? (*We highly encourage this!* ☺) If yes, please describe: _____

Please provide a brief summary of your business: _____

Will you need electricity and/or extra chairs for your vendor booth?

I will need extra chairs. (**If so, how many?** _____)

I will need electricity.

READY TO APPLY?

Send this completed vendor application to one of the following planning contacts:

Debbie Arell-Martinez
O'Fallon-Shiloh Chamber
director@ofallonchamber.com
Phone: (618) 632-3377 | Fax: (618) 632-8162

Jeanette Persing
City of O'Fallon, IL
jpersing@ofallon.org
Phone: (618) 624-8752 | Fax: (618) 624-4508

Amanda Bushnell, SHRM-CP
City of Fairview Heights, IL
hr@cofh.org
Phone: (618) 489-2013 | Fax: (618) 489-2019
**You will be notified of your application's acceptance.*

SECTION 3: ACKNOWLEDGEMENTS

Please initial each statement indicating your acknowledgement:

_____ I understand that no table covers will be provided and that two chairs will be provided to me by default.

_____ I understand I must be ready by the start of the event (I may start setting up after 7 AM) and stay through the entire duration of the event (through 11 AM). I will not pack up prior to 11 AM.

_____ I understand that vendor booths are **not** assigned and are available on a first come, first serve basis. I also understand that if I need electricity as indicated above, I will select a booth marked "ELECTRICITY."

_____ I understand that I am required to bring an attendance prize the day of the event.

SIGNATURE: _____

DATE: _____



Dear Community Partner:

As a local Health/Wellness/Resource Provider, we welcome you to join us at our annual **HEALTH FAIR** event developed for our employees! As a partnership between the City of O'Fallon, the City of Fairview Heights, and the O'Fallon-Shiloh Chamber of Commerce & its members (and supported by MCS Companies), we are hosting:

Health & Benefits Fair 2019
Friday, September 27th, 2019
8:00 am to 11:00 am
Regency Conference Center
400 Regency Park Drive, O'Fallon, IL

- The Health & Benefits Fair is intended to let our employees know about businesses in the community that are available to assist them in making informed decisions regarding their health and overall well-being. In 2019, we expect to have the largest attendance to date due to exponential growth in employment!
- This will be an opportunity for you to educate attendees about your specific products and/or services. We ask that you do not take the opportunity to “hard sell” anything as it is intended to be a fun, relaxing event where they can learn how to be healthy or consider new things.
- **An interactive display, activity, or game of some kind is highly recommended to initiate good dialogue and participation.**
- **Price:** A donation of an **attendance prize** valued at \$75.00 or more is required (multiple items adding up to the same value will work too) – please be sure to attach your business information to these items. These will be placed in a drawing for attendees.
- **Passport “Stamps”:** Attendees who visit a number of vendors will be entered into a drawing to win the prizes. We ask all vendors to sign or stamp attendee “passports” showing that they have spoken to you. We also invite you to bring individual items/samples to give away (*health oriented please*).
- **Donations accepted:** If you are unable to attend the fair, but would still be interested in making a donation, distributing information about your products and services, or some other level of participation, we welcome your involvement.
- The event is currently scheduled from **8:00 am – 11:00 am** on Friday, September 27, 2019. **If you cannot stay the entire time, please do not register to be a vendor.** You will be able to begin setting up after 7:00 am.
- The Exhibitor Application is attached to this form, or you may submit your application through our Google Form at <https://forms.gle/ZgzajawpLfhvwLej6>. Please submit your application as soon as possible if you intend to apply as a vendor!

Contact Information:		
Debbie Arell-Martinez O'Fallon-Shiloh Chamber of Commerce director@ofallonchamber.com Phone: (618) 632-3377 Fax: (618) 632-8162	Amanda Bushnell City of Fairview Heights hr@cofh.org Phone: (618) 489-2013 Fax: (618) 489-2019	Jeanette Persing City of O'Fallon jpersing@ofallon.org Phone: (618) 622-8752 Fax: (618) 624-4508

Thank you for your consideration and support!