

**27th Annual San Fernando Health & Safety Fair
Saturday, October 7, 2017, 8:00 a.m. - 1:00 p.m.**

Sponsor/Exhibitor Reservation Form

Today's Date: _____ Please Print Or Type All Information Requested.

Name of Organization/Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

Phone: _____ Cell: _____ Fax: _____

SPONSORSHIP/EXHIBITOR REQUESTED:

_____ **PLATINUM \$5,000 AND OVER**

_____ **DIAMOND \$3,000**

_____ **GOLD - \$1,500**

_____ **SILVER - \$500**

_____ **BRONZE - \$250**

CREDIT CARD INFORMATION:

Name on CC: _____

CC #: _____

Exp. Date: _____

Amount Authorized: _____

Code: _____

Zip Code on CC: _____

Authorized by: _____

Note: The attached Sponsorship/Exhibitor Form shows benefits received at each level.

NOTE: In order to protect our participants' privacy, Sponsors/Exhibitors cannot gather and/or collect personal information from Health Fair participants.

Please submit Exhibitor Reservation Form, check or credit card # at the earliest possible time in order to guarantee your space at the San Fernando Health & Safety Fair on October 7, 2017.

If you wish to pay with credit card, please fill out Credit Card information above. Thank you.

Checks payable to San Fernando Health & Safety Fair: Remit both to the following address:

San Fernando Health & Safety Fair

P. O. Box 682

San Antonio, TX 78293

Please direct any questions to:

Diana Guadiano at 210-602-3041

