

Wellness Resource Fair



Friday, February 1, 2019
10:00 a.m. to 2:00 p.m.

Vendor / Registration Form

Vendor Name: _____

Vendor Address: _____

Contact Person: _____

Contact Phone: _____

Half table \$50: _____ **Full Table \$100:** _____

Table Dimensions: Half table (\$50) - 36" l x 18" w. Full table (\$100) 72" l x 18" w

Accommodations Needed? Yes _____ No _____

Describe accommodations needed:

Payment:

Half Table \$50 or Full Table \$100 (Please circle)

_____ check _____ credit card (Please submit card information via phone)

Location / mail payment to:

Gresham Senior Center
600 NE 8th St., Room 130
Gresham, OR 97030

Please complete and return this registration with payment by: 1/25/19

**If you have questions or concerns, please contact us at: greshamseniorcenter@frontier.com,
or by phone at 503.988.9897.**

Thank you for your consideration to partner in this essential event.

*****Full event details including directions, parking info and set-up times will be sent via email once registration is complete.*****

