

KENOSHA HEALTH FAIR

MARCH 9-10, 2024, 10AM-4PM DAILY UW-PARKSIDE FRANK J. PETRETTI FIELDHOUSE

BUSINESS DETAILS

business / organization name					
street address					
city	state	zip			
phone	fax				
web address					
contact person					
contact person email (boo	th confirmation will be sent to	this address)			
any specials, promotions o	or giveaways during expo?				

HEALTH SCREENING / INTERACTIVE SERVICE

Health care vendors must provide a free Health Screening or Interaction Service in order to be a part of this Health Fair. Please describe service.	

BOOTH PRICING STRUCTURE

		Earlybird	* Regular
0	Health Fair Booth (Member)	\$27	5 \$325
0	Health Fair Booth (Non-Member)	Conta	act the Chamber
0	Additional Booths \$50 off each additional booth		
	*Form and payment must be received by December 31, 202	23 to qualify f	or Earlybird pricing.
	5	0 1	
	Booth	Cost _	
	Additional Booths / Sponso	rship _	
	т	OTAL _	

EXHIBITOR BOOTH SELECTION

Health Fair registrations will be reviewed and approved before acceptance to ensure that a variety of health services and screenings are represented. The criteria for selection includes vendor type, value of the screening or service provided, and number of similar vendors. *Must be a Chamber Member. Contact the Chamber for membership information and pricing.* All exhibitors will receive an 8' table and two chairs. There is limited electricity available to each booth. Booths will be assigned.

CONTACT INFORMATION

Make checks out to: Kenosha Area Chamber of Commerce

Email form to: info@kenoshaareachamber.com

Mail payment / form to: 600 52nd Street, Suite 130, Kenosha, WI 53140

PAYMENT

If your business is unable to attend the 2024 Kenosha Expo, please cancel by 4:00pm on February 23, 2024. *No refunds will be given if a cancellation is made after this date.*

cardholder name as listed on card	exp.date
credit card number	security code
cardholder billing address	
cardholder signature	date