

KENOSHA HEALTH FAIR

MARCH 8-9, 2025, 10AM-4PM DAILY UW-PARKSIDE FRANK J. PETRETTI FIELDHOUSE

BUSINESS DETAILS

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

HEALTH SCREENING / INTERACTIVE SERVICE

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

BOOTH PRICING STRUCTURE

	Earlybir	d* Regular
O Health Fair Booth (Member)	\$30	00 \$350
O Health Fair Booth (Non-Member)	Con	tact the Chamber
O Additional Booths	\$50 off each	additional booth
*Form and payment must be received by December	31, 2024 to qualify	y for Earlybird pricing.
E	Booth Cost .	
Additional Booths / Sp	onsorship	
	TOTAL	

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 2025 Kenosha Expo, please cancel by 4:00pm on February 21, 2025. *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