

LANSING JUNETEENTH CELEBRATION WWW.LANSINGJUNETEENTHCELEBRATION.ORG

Lansing Juneteenth Committee

Progressive Empowerment Education Resource Services – P.E.E.R.S. 501(c)(3)

Mailing Address: P.O. Box 27623, Lansing MI 48909-7623

Health Fair Participation Form

We look forward to having you join us for our 2016 Annual Juneteenth Celebration. This year's Health Fair will be held on Saturday, June 18, 2016. Please refer to our Health Fair invitation for further details. With the submission of your health fair participation form, please include the following:

_ Ad form which can be found under "Sponsorship-Advertise" on our website www.lansingjuneteenthcelebration.org

Non-Profit organizations are required to complete our ad form as well as the vendor form.

Both can be found at our website www.lansingjuneteenthcelebration.org

Completed forms should be returned to Lansing Juneteenth Committee, Attention: Health Fair Committee, P.O. Box 27623, Lansing, MI 48909.

Name of Business/Organization: $_$			
Coordinator:			
Address:	City:	State:	Zip:
Business Phone:		Cell/Alt:	
Email Address:		_	
Staff members attending the eve	nt:		
Service Description:			
We will use the complime	ntary table and two ch zation: An Advertising	airs provided in the form is included wi	th this participation form. health tent. th this participation form. A
This is <u>not</u> a non-profit or vendor form is also require			d with this participation form. A
Please briefly describe your display	/booth:		
Please attach a brief statement of ar	y Awareness/Informat	ion to be announced:	
Giveaways (if any):			