

## 2016 Sponsorship/Exhibitor Information Form



**18th ANNUAL NORTH TEXAS WELLNESS FAIR**

*August 6, 2016*

Forest Hill Civic & Convention Center

6901 Wichita St. 76140

**Remit payment in full to: Hispanic Wellness Coalition**

Attn: Gloria Martinez

3500 Camp Bowie Blvd. Ste. 748

Fort Worth, TX 76107

**Set-up Hours:** Friday, August 5<sup>th</sup>- 12 p.m. to 6:00 p.m.  
Saturday, August 6<sup>th</sup> 6:00 a.m. to 7:30 a.m.

**Exhibit Hours:** Saturday, August 6<sup>th</sup> 8 a.m. to 1 p.m. (**PLEASE MAKE NOTE OF NEW TIME!**)

**Sponsorship Levels:**

**Benefits**

- **Title** \$15,000 Recognition in the following: "ABC Company" presents the North Texas Wellness Fair on T-Shirts, signs, press releases; back page ad in provider directory. Logo on website with a link to your company website. One year ad on website, logo on bag as Title Sponsor. Booth in prime location. 30 breakfast tickets
  
- **Gold** \$10,000 Recognition in the following: signs, press releases, 1/2 page ad in the provider directory, logo on website with link to your company website, 3 month ad on website, priority exhibitor booth, 20 breakfast tickets
  
- **Silver** \$5,000 Recognition in the following: signs, press releases, 1/4 page ad in provider directory, logo on web with link to your company website, priority booth, and 15 breakfast tickets
  
- **Bronze** \$2,500 Recognition in the following: signs, press releases, logo in the provider directory, company listed on website, priority booth and 10 breakfast tickets.
  
- **Friend** \$1,000 Recognition in the following: signs, press releases, logo in the provider directory and priority exhibitor booth, and 5 breakfast tickets
  
- **For Profit** \$500.00 1 booth, table, two chairs, two breakfast tickets and name in provider directory
  
- **Non-profit** \$100.00 1 booth, table, two chairs, two breakfast tickets and name in provider directory  
**(please send non-profit status letter with registration)**
  
- **Media** Recognition in publications as media sponsor: signs, press releases, ad in provider directory, listed on website (*contact Gloria Martinez for media sponsorship options*)

(Booths are 8x8 with the following amenities: 8' draped back wall, 3' high draped side dividers, 7x44" sign, 1-6 ft. skirted table, 2 chairs)\*\*\*\*\****Booths may not be resold to any third parties and are only for those providing a health service or health information***

**Policy on North Texas Wellness Fair Participation**

Participation in the Hispanic Wellness Fair is open to organizations committed to the health and well-being of the underserved populations in Tarrant County and other surrounding counties. Organizations wishing to participate in the Fair may demonstrate their commitment to this objective through the provision of preventive or clinical health services during the Fair. Participants in the Fair may not do the following:

- Offer any product or service for sale during the Fair. The distribution of generic information about a product or service is permitted but may not identify or advocate for a particular product or service,
- Advocate for any candidate for a governmental or quasi-governmental position for which election or selection occurs at any jurisdictional level, or
- Advocate for any political issue being considered at any jurisdictional level.
- Advocate for any political party or organization which takes position on political issues.

Decisions regarding participation in the Fair are made by the Board of the Hispanic Wellness Coalition at a regular meeting based on information collected by the Board or provided by the requesting organization.

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**Please read the Exhibitor regulations carefully:**

1. **Size:** Each booth will be 8 ft. by 8 ft. with one 6 ft. skirted table, one sign and two chairs. Additional tables and chairs are available for rent thru AVU Expo. All booths and equipment must comply with the Fire Department Safety Codes.
2. **Booth Location and Set-up:** Booth packets will be mailed a month prior to the event. The packet will include booth location, directions to facility and ordering form for additional tables, chairs. We recommend you set-up on Friday, August 5<sup>th</sup>, between 12 p.m. – 6:00 p.m., or from 6:00 a.m. to 7:30 a.m. on Saturday.
3. **Exhibitor-** No selling of merchandise is allowed. All activity is to be conducted in YOUR booth, please do not block the aisle or walk around distributing your information. If you have a Mascot, we ask for safety reasons, that you please NOT have them stand in the aisles. All booths MUST be set up and operational by 7:45 a.m., Saturday. Doors open at 8:00 a.m. Exhibit space not occupied by 7:55 a.m. will revert back to HWC for uses as they see fit. Exhibits must remain fully intact until the show closing time.
4. **Announcements-** will only be made for the following: lost child or lost parent;
5. **Teardown:** Exhibitors should begin taking down their booths at 1 p.m. and be finished by 3 p.m. Please clean up the area around your booth.
6. **Participant Responsibility:** Exhibitors will be solely responsible for any personal property placed in the booth(s) as well as any damage to the facility as a result of neglect.
7. **Parking:** FREE parking for Exhibitors is located at the The Bethany Church located at 6851 Wichita Street, next to the Civic Center. If spaces are not available, you may park at TCC South Campus and ride the shuttle in.
8. **Trash:** If you anticipate the need to discard of bio-hazardous waste materials, you MUST provide an appropriately labeled receptacle.
9. **Screenings:** Testing machines and the technicians operating them must appear clean, neat and organized. The line of people to be tested must flow at a steady pace, without bottlenecks. Technicians conducting tests that include exposed blood (e.g. cholesterol tests) or other bodily fluids must wear gloves and cleanse the skin with alcohol before and after breaking the skin. Bio-hazardous waste receptacles must be provided by screeners.
10. **Electricity/Dollies:** No multiple plugs will be allowed. Please bring your own extension cord. Extension cords may not cross traffic areas, if so they will need to be taped down. Dollies will not be provided, so please bring your own.
11. **Giveaways-** The following items **are not** to be given away: gum, stickers, balloons, balls, or any type of noise makers.
12. **Space Usage-** The space applied for is to be used solely for the Exhibitor whose name appears on the application, and it is agreed that the applicant will not **assign, sublet or sale their booth space.**
13. **Booth Assignment and Reservation Policy-**All businesses are screened by the Hispanic Wellness Coalition (HWC) Board for healthy business practices. Booth locations are assigned on a first come, first serve basis. Every attempt will be made to accommodate requests. Booth requests cannot be guaranteed until Exhibitor contract is received with full payment. HWC reserves the right to make necessary changes to the floor plan and booth relocations. **Payment must accompany registration form unless other arrangements have been made to the Executive Director.**
14. **Good Neighbor Policy-**Exhibitors are expected to minimize the noise level of sound amplifying, reproducing equipment. All unnecessary noise is prohibited. The use of loudspeakers, sound projection equipment and any other sound augmenting devices in exhibit booths will be permitted only with the understanding that the volume is kept at a reasonable level and is not objectionable to surrounding exhibitors.
15. **Raffles-** may be conducted in your booth; announcements for winners will not be made.
16. **Non-compliance with booth regulations will be grounds for dismantling booth, with no refund of fee(s) paid.**

Questions please contact Gloria Martinez at 817-735-2784 or by e-mail at [info@hispanicwellnesscoalition.org](mailto:info@hispanicwellnesscoalition.org)



**2016 Sponsorship/Exhibitor Registration Form**

The information on this form will be used to prepare your company's listing that will appear in the Hispanic Wellness Coalition provider directory for the 2016 North Texas Wellness Fair. We must receive this registration form with payment by May 2, 2016 to guarantee recognition in all our promotional materials.

Sponsorship Level (check one):

Title Sponsor (\$15,000)     Gold (\$10,000)     Silver (\$5,000)     Bronze (\$2,500)

Friend (\$1,000)     For-Profit Exhibitor (\$500)     Non-profit Exhibitor (\$100.00)     Media

Company/Organization Name: \_\_\_\_\_

*(Please print legibly as this is how it will be listed in the directory)*

Executive Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Executive Email: \_\_\_\_\_

Exhibit show Contact Name: \_\_\_\_\_ Work # \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

*(Exhibitor packet will be mailed to this address)*

Type of Service Providing: \_\_\_\_\_

**Booth Requirements- please answer all questions:**

**(Privacy booths are provided for those who are providing screening or health services. For other services, there will be an additional fee of \$75.00)**

Will you require a Privacy Booth? YES NO If yes, how many: \_\_\_\_\_

Will you require electricity? YES NO- why?: \_\_\_\_\_

Will you require bilingual (Spanish/English) Interpreters? YES NO If yes, how many: \_\_\_\_\_

Will you require bilingual (Spanish/English) Volunteers? YES NO If yes, how many: \_\_\_\_\_

**Breakfast:**

How many staff, including yourself will be working your booth in the morning? \_\_\_\_\_

*(Breakfast will be provided from 6:30 a.m. to 7:45 a.m.; snacks will also be provided)*

**Demonstrations:** *(The Wellness coordinator will contact you to discuss times, etc.)*

Type of demonstration circle one: Cooking Exercise Sport Other

Description of services for directory: \_\_\_\_\_

How long will your demonstration be: \_\_\_\_\_

What will you need to provide a demo? \_\_\_\_\_

\_\_\_\_\_

**Advertising Rates!** Don't miss the chance to enhance your exhibit participation by advertising in the provider directory. The directory includes the list of exhibitors, description, and booth number. Attendees' reference the directory during the fair, and it also serves as a valuable reference tool long after the fair has ended. The directory is distributed to all attendees.

\$ 50.00 \_\_\_\_ 1/8 page ad – 2.25" w x 2.0" h

\$100.00 \_\_\_\_ 1/4 page ad- 2.25" w x 3.75" h

\$200.00 \_\_\_\_ 1/2 page ad- 4.75" w x 4" h

Preferred file type: Adobe Acrobat PDF

Resolution: 300 DPI

Color: Four Color Process: CMYK

Closing date for ad space: June 1, 2016

Artwork due- June 3, 2016

**To guarantee booth space, payment must be made prior to the event. No refunds will be given.**

Sponsorship/Booth Level \$ \_\_\_\_\_

Additional booth \$ \_\_\_\_\_ @ \$75.00 each-(Sponsors, please contact Gloria Martinez for your request)

Ad Space \$ \_\_\_\_\_ (see advertising rates) Email artwork to [info@hispanicwellnesscoalition.org](mailto:info@hispanicwellnesscoalition.org)

Additional breakfast tickets \$ \_\_\_\_\_ @ \$8.00 each

Late registration fee \$ \_\_\_\_\_ \$50.00 after June 1

Total: \$ \_\_\_\_\_

**DOOR PRIZES** if you would like to donate any items to be used as a raffle prize, please describe the items and quantity donating. Door prizes are used for those attendees who submit a survey. All donors will be listed on signage; raffle takes place an hour before event is over.

#### **PAYMENT INFORMATION**

**Completed agreement and payment must be received by June 1, 2016. Registration forms may be mailed or emailed to the following contact along with questions.**

Hispanic Wellness Coalition  
Attn: Gloria Martinez  
3500 Camp Bowie Blvd. Ste. 748  
Fort Worth, TX 76107

Phone: 817.735.2784 or Email: [info@hispanicwellnesscoalition.org](mailto:info@hispanicwellnesscoalition.org)

Please make checks payable to:

Hispanic Wellness Coalition

Hispanic Wellness Coalition is a 501(c)3 nonprofit organization

We, in order to confirm this agreement:

1. Have attached a check or money order made payable to Hispanic Wellness Coalition.
2. Understand, agree to and will abide by the regulations.

Printed name: \_\_\_\_\_

Representative contact: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your support in encouraging a stronger, healthier community!**

Office use only:

Payment received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Booth # \_\_\_\_\_ Packet mailed: \_\_\_\_\_