



Health Care Industry Networking Team an affiliate of  
The Community Education & Resource Affiliation, Inc.  
5414 Lake Howell Road, Ste 222 \* Winter Park, FL 32792  
407-247-4119 \* [www.cerafl.org](http://www.cerafl.org)

HINT Health Fair Participant Application  
Event Location: Kings Ridge Clubhouse in Clermont  
Date: February 23, 2012 Time: 10:30am to 1pm

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check one of the following participant options:

- GOLD SPONSORSHIP** \$ 400  
One available. Information pre-stuffed in event bags  
5 minutes to announce your services to attendees the day of the event.
- SUPPORTING SPONSORSHIP** \$ 250  
Three available. Information pre-stuffed in event bags.  
1 minute to announce your services to attendees the day of the event.
- HINT MEMBER DISCOUNTED RATE** \$ 40
- NON MEMBER RATE** \$ 50
- Total \$ \_\_\_\_\_

Screenings offered? YES/NO If so, describe: \_\_\_\_\_  
Electricity Needed? YES/NO *Note: Each vendor is responsible for their own extension cords if needed.*

**Participant Agreement: ALL PARTICIPANTS ARE ASKED TO BRING A DOOR PRIZE WITH A VALUE OF \$25 OR MORE.** Large bags will be provided for attendees to collect information. The drawing for door prizes will take place from the forms that HINT provides. Do not collect names from participants at your individual booth for a door prize drawing. Contacts collected the day of the event **MUST** be QUALIFIED leads. (i.e. a home health agency would collect the name of someone who is in need of home health services or a durable medical equipment company would collect the name of someone searching for a specific piece of medical equipment.) Do not collect names for means of simply mailing information. If interested in an informational mailing, you must submit proposed mailing to the HINT committee for review. Upon approval, HINT will assist in mailing to the database of attendees for all health fairs. This is the agreement we have made with the venue hosting our event. **If payment for event is not received by February 1, 2012, your spot will given away to a back up participant unless arrangements for payment have been made with the HINT committee. It is preferred you pay for your booth at the same time as submitting the application.** By submitting payment, you agree to the above. Failing to adhere to above may result in discontinuation of membership and/or future participation in HINT sponsored events.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Payment of health fair fees: Must be paid by check. **Please make check payable to CERA** and mail to: HINT c/o Angels Care Home Health, Atten: Deborah Snow, 3170 Citrus Tower Blvd, Bldg 8, Ste B, Clermont, FL 34711. HINT is a not-for-profit organization promoting education and services in the community.

For questions contact Deborah at 352-406-8465

Thank you for your participation!