



EXHIBITORS APPLICATION

Dear Exhibitor,

The Center for Multicultural Wellness and Prevention, Inc. (CMWP), along with several community partners is in the process of planning the “**10th Annual Caribbean Health Summit**” to be held on Saturday, September 8th, 2012 at the Central Florida Fairgrounds located at 4603 West Colonial Drive in Orlando, Florida. The event will feature a symposium that will cover several topics that are relevant to both the general public and the medical practitioner. This symposium will be held on Friday, September 7th, 2012.

The cost to participate as an exhibitor is **\$100.00 and will entitle you to a 10 ft x 10 ft booth, an ID sign, one table and two chairs.** The event will be taking place in the air-conditioned Main Hall and it is anticipated that more than 1,500 participants will attend the event. All vendor displays and tables must be set up before 8:00 am. The Health Fair Committee will be on site at 4:30 pm on Friday, September 7, 2012 to assist vendors who would like to set up their table early; until 7:00pm. **There will be no set up on Saturday September 8, 2012.**

We have enclosed a registration form for your organization to complete. For additional information, please feel free to contact me at (407) 648-9440 extension 10 or 14. I look forward to seeing you there.

Sincerely,

Marie-José François

For more information on the health summit exhibitor registration, please visit www.cmwp.org

10th Annual Caribbean Health Summit
Saturday, September 8, 2012 – 8:00am to 2:00pm
Central Florida Fair & Exposition Park (Fairgrounds) – Main Hall Building
4603 West Colonial Drive Orlando, FL 32808

Exhibitor Registration Form

Please complete and mail this form along with your \$100.00 booth payment by

August 12, 2012

Agency/Organization Name:

Contact Person(s):

Address:

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Cell: (____) _____

E-mail: _____

There will be **no selling** of products or transaction of monies, debit card or credit card.
List the type of service, materials, activity and give a-ways that the will be
provided at the event:

_____ No, we are unable to participate in the 9th Annual Caribbean Health Summit

_____ Keep us on your exhibitor mailing list for next year

_____ Total # of Tables needed _____ Total # of Chairs needed

Vegetarian ____ Yes _____ No

Additional items can be purchased

Number of additional tables needed: _____ (Cost of each additional table is \$10.00)

Number of additional chairs needed: _____ (Cost of each additional chair is \$3.00)

Electrical Outlets needed: _____ (No cost)

Please find a total of \$ _____ enclosed for the 10th Annual Caribbean Health Summit

Make check or money order payable to:
Center for Multicultural Wellness and Prevention, Inc.
641 North Rio Grande - Orlando, FL 32805
Memo: 10th Annual Caribbean Health Summit

Office phone number is 407-648-9440
Fax: 407-648-8879