

WINNEBAGO HEALTH EDUCATION ANNUAL HEALTH FAIR

THE WINNEBAGO HEALTH DEPARTMENT  
PO BOX C  
WINNEBAGO, NE 68071  
PHONE: 402-878-2294 FAX: 402-878-2831

Date: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Booth Contact person: \_\_\_\_\_ Type of Booth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Organization/Dept.: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Best #): \_\_\_\_\_ Fax: \_\_\_\_\_

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

Electrical outlet	Number of people	Number of chairs	Number of Tables (2 maximum)	Presentation Slot?	Power point presentation?
Yes or No				Yes or No	Yes or No

Entry fee 1 door prize (door prize must value no less than \$50.00 American dollars)

**Please register by April 26<sup>th</sup> 2019, 3 pm DEADLINE! Fax, Scan/email or bring form to our offices**

**Register today A.S.A.P.! After April 26<sup>th</sup> registration doesn't guarantee booth space will be available and also may need to bring your own chair and table.**

WINNEBAGO HEALTH DEPT. RESERVES THE RIGHT TO CHANGE SCHEDULING, EVENTS, AND LOCATION IF NECESSARY and Winnebago Health Dept. is Not Responsible for Accidents, Injury or Stolen Property, all participants that are participating in these event must complete all requirements prior to each event. ABSOLUTELY NO DRUGS OR ALCOHOL!. By registering, you give WINNEBAGO HEALTH DEPT. permission to take your photograph for publication purposes.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

