Landmark Place Family Health & Wellness Fair

Vendor Sign-Up Form

Event Details:

Date: Saturday, July 13th (Rain Date: Saturday, July 20th)

Time: 11:00 AM - 4:00 PM

Location: Landmark Place, 300 Flatbush Ave Kingston NY 12401

Vendor Information:

Organization Name: _____

Contact Person: _____

Title: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address:

Website (if applicable):

Type of Vendor:

- ☐ Health Services
- ☐ Wellness Products
- ☐ Fitness & Exercise
- ☐ Nutrition & Healthy Eating
- ☐ Mental Health Resources
- ☐ Other (please specify): _____

****Description of Services/Products:**

Special Requests:

Promotional Materials:

- Will you be bringing any promotional materials, product samples, or interactive activities?

- ☐ Yes

- ☐ No

- If yes, please describe:

Raffle Contribution $15-25

Gift Card: _____

Raffle Item: _____

Agreement:

By signing below, you agree to participate in the Landmarks Place Family Health & Wellness Fair on the specified date. You also agree to set up your booth by 10:30 AM. RUPCO is not responsible for any loss, damage, or injury that may occur during the event.

Signature:

_____

Printed Name:

_____

Date:

_____

Please return this completed form by Friday July 5th, 2024