



2023 Health and Wellness Fair

Friday - March 31, 2023

Time: 8:00 a.m. – 3:30 p.m.

SPONSOR/VENDOR-PRACTITIONER/INSTRUCTOR/REGISTRATION FORM

VENDOR-PRACTITIONER/SPONSOR PRICING

Sponsor Levels:

- | | |
|---|-------|
| <input type="checkbox"/> <i>Event Main Sponsor</i> | \$500 |
| Free vendor space, free access to lunch for two, banner at event entry, logo on all marketing items and large sized logo in program | |
| <input type="checkbox"/> <i>Marketing Sponsor</i> | \$250 |
| Free vendor space, free access to lunch for two, name on all marketing items and medium sized logo in program | |
| <input type="checkbox"/> <i>General Sponsor</i> | \$75 |
| Free vendor space, medium sized logo in program | |
| <input type="checkbox"/> <i>Program Sponsor</i> | \$50 |
| Medium logo in program | |

Vendor-Practitioner and Miscellaneous Fees:

- | | |
|---|------|
| <input type="checkbox"/> <i>Vendor Space</i> | \$25 |
| Vendor space, name in program
(all food/consumable vendors are required to provide a photocopy of a valid food permit and a general liability insurance certificate naming <i>The Center of Anna Maria Island</i> as an additional insured) | |
| <input type="checkbox"/> <i>Practitioner Space</i> (providing onsite services) | \$50 |
| Practitioner space, name and service description in program
(all practitioners are required to provide a photocopy of their state practitioner's license and a general liability insurance certificate naming <i>The Center of Anna Maria Island</i> as an additional insured) | |
| <input type="checkbox"/> <i>Add-On Business Logo</i> | \$5 |
| Small logo on program added to vendor/practitioner space fee | |

Total Due: _____

Front Desk Staff Use Only:

Amount Due: \$ _____

Amount paid by (check one): _____ CASH _____ CHECK (# _____) _____ CREDIT CARD

Staff Initials

Date



2023 Health and Wellness Fair

407 Magnolia Avenue – Anna Maria, FL 34217

941/778-1908

www.centerami.org

Health and Wellness Fair Sponsor/Vendor-Practitioner/Instructor Information

Participant's First Name Last Name Company Name, if applicable

Work Telephone No. Cellular Telephone No. Email Address

Mailing Address City State Zip Code

Emergency Contact Name Telephone No. Relationship

Please provide a full description of the product, service, class, or educational workshop you or your company will be providing at the Health and Wellness Fair. Description should be written as you would want it to appear in marketing and promotional materials for the event. Please include a personal biography, if applicable (attachments are acceptable if more space is needed):

Registration forms, along with any applicable fees, must be submitted to The Center no later than close of business Monday, March 20, 2023, to have them included in all final promotional and marketing materials.

Please email all logos (as Vector files, if possible), photographs, and other images for consideration to culture@centerami.org by Monday, March 20, 2023.

Practitioners and others providing specific services may be required to provide a certificate of General Liability Insurance naming The Center of Anna Maria Island as an additional insured.

Signature

Printed Name

Date

By signing the above, I hereby waive and release any and all rights and claims for damages I, or the company I represent, may have against The Center of Anna Maria Island and its representatives, successors, employees, contractors, or volunteers (collectively The Center) for any and all injuries of death suffered by myself, representatives of the company I represent or participant of the wellness fair or at any activity sponsored or monitored by The Center, happen upon its property, or through the use of its equipment. If I should suffer any injury, illness or death while participating in an activity, I authorize The Center staff to use their sole discretion in having me transported to a medical facility and I take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself and the company I represent, including but not limited to, claims arising due to the sole joint, contributory, concurrent or gross negligence of The Center. I understand that if I do not follow rules or code of conduct, myself and/or guests will be asked to leave and I will not receive a refund. I hereby authorize The Center and local newspapers to take pictures of me and my program and understand that these photos become the property of The Center and the newspaper. I hereby give The Center permission to take pictures of me and those with me and to put the finished pictures on The Center's website and social media sites. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting. I understand that Representatives of Manatee County Government may request access to any or all agency records relating to the programs and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of service to the client, and give consent to the release of records for these purposes.