

**CITY OF EAST ORANGE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

CHILDREN'S HEALTH AND SAFETY FAIR

Site: East Orange Campus High
344 Prospect Street

East Orange, New Jersey 07017

Date: Saturday, May 2, 2009 10:00 A.M. – 3:00 P.M.

EXHIBITOR APPLICATION

(Please type or print legibly)

I/ We wish to participate in the Children's Health and Safety Fair as an exhibitor under the guidelines set forth in the attached policy agreement.

ORGANIZATION _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

Website or Email Address _____

CONTACT PERSON _____

1. Exhibit Topic _____
2. The Exhibit description : _____

Visuals _____ Displays _____ pamphlets _____ Demonstration _____

Activities _____ Others _____

3. Please describe your exhibit, if "other" was checked in #2, please explain. Attach a picture of the exhibit if available and samples of all information and promotional materials for handout.

Please list the items you will need at the site (please indicate # of each item(s)) :

Tables(s) _____ chair(s) _____ electrical outlets _____

Quiet area _____ floor space dimensions _____.

Only one electrical outlet per participant will be allocated on a first come, first serve basis. Please check one: Yes _____ I need an outlet. No _____ I do not need an outlet.

SET UP: Saturday, May 2, 2009, starting at 7:00 A.M. **All participants are asked to keep your booth set up until 12:00 Noon. Please have someone work your booth at all times.**

If any other thing is needed to accommodate your needs, please describe:

Signature _____ Date _____

Print Name _____

Office Telephone Number _____

Contact Person Telephone Number _____

Alternate Telephone Number _____

Those attending:

Name _____

Position _____

Name _____

Position _____

Name _____

Position _____

Name _____

Position _____

Please return this completed form to the address shown below not later than Monday, April 3, 2009 for early registration. Your allocated floor space and table number will be furnished soon thereafter. **If you need additional information call: 973-266-5490 or 5481. Fax: 973-266-5402**

**Mail application to: East Orange Department of Health and Human Services
At: Health and Safety Fair
143 New Street, East Orange, NJ 07017.**