



**DIOCESE OF PALM BEACH
HEALTH, WELLNESS & SAFETY FAIR
EXHIBITOR FORM**

Location: _____

Date: _____ **Time: From:** _____ **To:** _____

Organization Name _____

Contact Person _____

Address _____

Phone _____ Fax _____

E-mail _____

Please list names of all associates that will be staffing your booth:

1. What is the topic you wish to provide at the fair? _____

2. If you had less than two minutes to educate a participant on your topic, what would your message be?

3. How is your exhibit interactive? (questions/answers, demonstrations, fun fact list, useful giveaways, etc.) _____

4. Does your exhibit need access to an electrical outlet? ___ Yes ___ No
(Exhibitors must bring their own extension cords, AV equipment, 3-pronged adapters, etc.)

5. Does your exhibit have any additional needs or special requests? ___ No ___ Yes, then explain: _____

Please note: All exhibitors learning centers will be reviewed and approved by the Diocesan Wellness Committee. All cancellations must be made at least 72 hours prior to the fair by contacting _____ at _____.

Information Booth Instructions: Table and chairs will be provided indoors. Each exhibitor is responsible for supplying their own free-standing signage as well as booth setup and breakdown. Please arrive by _____ to complete setup for the event. Cleanup/breakdown must be complete by _____.

EXHIBITOR AGREEMENT

Exhibitor agrees that _____ and the Diocese of Palm Beach will not be liable for injuries or wrongful death of persons or damage to property for the use of the exhibit space by Exhibitor. Exhibitor agrees to indemnify and hold harmless Diocese of Palm Beach from and against any and all liabilities, claims for or breach of an obligation by Exhibitor. Exhibitor will reimburse _____ and Diocese of Palm Beach for all of its costs and expenses (including reasonable attorney's fees) incurred in connection with defense of any such claim. The term "Exhibitor" includes his, her or its employees, agents, contractors, successors, and assigns, and any person exhibitor allows use of the exhibit space. The Diocese reserves the right to require proof of insurance at the standard limits required from other vendors naming the Diocese, Bishop and the Diocesan entity as additional insured.

Signature _____ Date _____

PLEASE FAX/E-MAIL COMPLETED FORM TO: Attn: _____

Fax: _____

Thank you for your participation and support!