

Health Expo Application

Yes! (initial) I would like for our business to participate in the CFISD Health EXPO by hosting a booth on October 13, 2018. Our business will provide staff to work at the booth during the event, decorations, information and other related items for the public. We agree to remain in our designated area and not move about the event with booth items.

CFISD will provide the booth as indicated below, which includes 1-8 ft. table, 2 chairs, and a backdrop drape. Booths sizes are approximated according to sponsorship or exhibitor level as shown below. Please bring your own table linens, if interested. CFISD will be responsible for all advertising and basic set-up for the event.

Name of Business: _____

Address: _____

Contact Name: _____ Phone/E-mail: _____


**Must include e-mail, as event updates and expected # of attendees will be sent prior to the event.*

It is encouraged to provide interactive services/displays, as well as to sell merchandise or products.

Description of your Exhibit/ Business/ Products/ Give-a-Ways/ Services: _____

How is your business related to our event theme – Healthy Minds, Healthy Bodies, Healthy Habits? _____

SPONSOR LEVELS

Sponsorship	Cost	What You Get
Event Underwriter 	\$10,000 SOLD	Separate room for screening in Conference area; double booth in Expo or Atrium area; logo recognition on sponsor boards; business name and screening details listed in press release; access to hospitality area; promotional item in giveaway bag; exposure to 3,000-5,000 members of the community. Electricity and additional chairs included and available by request.
<input type="checkbox"/> Event Sponsor	\$5,000	Separate room for screening; single booth in Expo or atrium area; logo recognition on sponsor boards; business name and screening details listed in press releases; access to hospitality area; promotional item in giveaway bag; exposure to 3,000-5,000 members of the community. Electricity and additional chairs included and available by request.
<input type="checkbox"/> Expo Sponsor	\$1,500	Includes a large booth in the Expo or atrium area (sizes vary and are available on a first-come-first served basis); business name recognition at event; promotional item in giveaway bag; exposure to 3,000-5,000 members of the community. Electricity and additional chairs included and available by request.

EXHIBITOR LEVELS

Booth Size	Non-Profit (501©3) Cost	For-Profit Cost
<input type="checkbox"/> 10'x10'	\$150	\$200
<input type="checkbox"/> 10'x20'	\$300	\$350
<input type="checkbox"/> 10'x40' or 20'x20'	\$600	\$700

Booth/Sponsorship Total: \$ _____

Electrical outlets \$50 each \$ _____

Additional chairs \$5 each \$ _____

Total Due: \$ _____

Please complete the second page of the application for billing and initial where indicated.

Forms can be returned by fax: Cy-Fair Houston Chamber of Commerce 281-373-1394 or e-mail eric@cyfairchamber.com. For more information, please call 281-373-1390. Applications are accepted until all booth spaces are filled; however, preferences are accommodated on a first come, first served basis.

Booth availability is on a first-come, first-served basis. **We reserve the right to deny an exhibitor a booth space, should their goals not meet the theme of the event: Healthy Minds, Healthy Bodies, Healthy Habits.**

Booths that donate an item for a prize drawing will be listed on a Booth Scavenger Hunt page for attendees.

Yes! (initial) I will donate a prize for the drawing with a minimum value of \$25.00. I recognize the prize must be turned into the **Cy-Fair Houston Chamber of Commerce office by 5:00 p.m. on Friday, September 29.** If late, you will not be listed on the bingo card.

Event set up is either **Friday, October 12th between 2:00 p.m. and 5:00 p.m.** or **Saturday, October 13th from 7:00 a.m. to 8:00 a.m.** The event begins promptly at 9:00 a.m. Before you set up your booth, you must report to the check-in table to pick up an event packet. The event ends at 2:00 p.m. and **all booths must remain open until 2:00 p.m.**

Please review and initial the following:

- _____ If I am providing samples of food and using chafing dishes, I recognize that all chaffing dish fuel used must be the solid/gel type. Food permits may be secured here: https://secure.hcphe.org/foodpermits/TempFoodPermits.aspx?_ga=1.65914856.772263960.1475156601)
- _____ I recognize I will not use smoke machines or helium balloons in my presentation.
- _____ I understand there cannot be any alcohol, tobacco or animals at this event held on school property and staff members who are at the booth will be informed that smoking is not allowed on district property.
- _____ I will provide the necessary staff members to work at the booth during the event.
- _____ I recognize CFISD has purchased additional event insurance and will ensure I set up my booth to be safe and appropriate for attendees.
- _____ **I understand that I am required to maintain my booth from 9 AM until 2 PM.**
Tear down before 2 PM is not allowed.

Method of Payment: ☐ Cash ☐ Check payable to the Cy-Fair Houston Chamber of Commerce
Credit Card: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card #: _____ Expiration Date: ____/____/____ CVV: _____

Billing Address on Card: _____

Authorized Signature: _____

***Any application changes and cancellations must be made 30 days prior to the event.**

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