



INFO SESSIONS, TEEN COMPONENT,
GIVE-AWAYS & PRIZES, HEALTH
SCREENINGS, VENDOR BOOTHS

FREE TO THE PUBLIC

MARCH 11, 1-4 PM



PLYMOUTH CREEK CENTER
14800 34TH AVE N

BECOME A VENDOR!

The City of Plymouth is excited to offer its third annual Healthy Living Fair on Sunday, March 11 from 1:00-4:00 p.m. The purpose of the fair is to inform, inspire and support community members in pursuing healthier lifestyles.

THIS IS A GREAT EVENT AT WHICH TO PROMOTE YOUR BUSINESS.
FAIR ATTENDANCE IS **FREE!** LAST YEAR OVER 400 PEOPLE ATTENDED!

At the fair, individuals will be able to connect with vendors, sample fitness programs, sit in on education sessions and partake in health screenings. We also plan to give away lots of great prizes.

Participation in the fair is limited. We plan to accommodate approximately 30-35 vendors. Applications will be taken on a first-come basis but will also be vetted to ensure diversity in services offered. Additional details and an application are provided in the next section. To ensure your spot, please return your application with fee as soon as possible.

Thank you for your time and consideration. If you have any questions, please contact Alyssa Krumholz, Event Coordinator at 763-509-5225 or akrumholz@plymouthmn.gov.

VENDOR DETAILS

1. EVENT:

The Healthy Living Fair will take place Sunday, March 11, 2011, from 1:00-4:00 p.m. at the Plymouth Creek Center, 14800 34th Ave N, Plymouth.

2. VENDOR REGISTRATION OPTIONS: *The City of Plymouth reserves the right to choose all vendors to ensure diversity in services and items offered. Vendor selections will be made after the deadlines indicated. Any vendors not granted participation rights will be notified immediately after selections are made*

SELECT REGISTRATION—\$180—DEADLINE: JANUARY 6

Only available to first 5 select registrations received. Recognition as an event sponsor (with logo) on all promotional efforts and materials, recognition/listing in event program, 6' table, 2 chairs.

BASIC REGISTRATION—\$55—DEADLINE: JANUARY 20

6' table, 2 chairs, recognition/listing in event program.

3. VENDOR SET-UP/TAKE-DOWN:

Set-up begins at 10:30 a.m. and must be completed by 12:30 p.m. on the event day. All vendors are expected to remain in operation during the entire duration of the event. Take-down may begin at 4 p.m.

4. VENDORS MUST PROVIDE:

- Signage / banners for your booth (no wider than 6' wide)
- Table cover / decoration
- Promotional give-away (i.e., pen, key chains, pedometers)
- Small trash can for your individual booth (organizers will dispose of trash)

5. BOOTH LOCATION

Will be assigned by the event coordinator to ensure good distribution and minimize competition. Vendors will receive their location assignment the day of the event.

6. DOOR PRIZES:

In addition to the booth fee, all vendors are encouraged to donate an item valued at \$15 or more to be given as a door prize or to provide a financial contribution which will be used to purchase additional door prizes. All contributors will receive recognition in the event program, on event prize boards and when the prizes are distributed to the winners.

7. FREE HEALTH SCREENINGS, EDUCATION SESSIONS & FITNESS SAMPLERS:

If you are interested in providing one of the health screenings, education sessions or fitness samplers, please indicate so on the application form. Sessions/Samplers are 20-30 minutes in duration. Screenings are conducted the entire duration of the event.

DEADLINE: JANUARY 20.

VENDOR APPLICATION

COMPANY: _____

TYPE OF BUSINESS: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ E-MAIL: _____

FAX NUMBER: _____ WEBSITE: _____

Description of your organization's exhibit content:

Would you like to offer a health screening or education session? YES NO

If yes, please describe:

REGISTRATION (check those that apply):

☐ Basic Registration \$55 \$ _____

☐ Select Registration \$180 \$ _____

☐ Door Prizes (you will provide a prize) \$ _____

☐ Door Prizes (you're providing a cash contribution) \$ _____

Total Amount: \$ _____

PAYMENT OPTIONS:

1. Check - made payable to *City of Plymouth*

2. Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ Exp Date _____

Name on Card (please print): _____

Card Holder Signature: _____

RETURN FORM WITH PAYMENT TO:

Alyssa Krumholz Plymouth Parks & Recreation Dept, 3400 Plymouth Blvd, Plymouth, MN 55447
Fax: 763-509-5207