

HISPANIC HEALTH INITIATIVES, INC.®

Abriendo Caminos®

Festival de la Familia Health Fair

Saturday, June 12, 2010 – 9:00 a.m. - 3:00 p.m.

Kissimmee Civic Center – 201 E. Dakin Avenue, Kissimmee, FL 34741

[Registration Form](#)

Registration Fee: \$250.00 Includes Exhibitor space with one 6' table and 2 chairs.

Limited scholarships for NON-PROFITS available upon request.

Set-Up: 7:30 a.m. – 8:30 a.m.

(PLEASE PRINT)

DATE: _____

AGENCY/COMPANY: _____

ADDRESS: _____

CONTACT: _____

TELEPHONE: _____ **FAX:** _____

E-MAIL: _____ **CELLULAR:** _____

Person to Contact on June 12, 2010 _____

Telephone: _____ **or Cellular:** _____

❖ (____) Yes, you can count on us! (____) Sorry, we cannot participate

❖ We will need ____ tables and ____ chairs.

❖ An electrical hook-up (____) is (____) is not required.

We will provide the following screening services and/or information: _____

We will provide these incentive gifts, raffle prizes or other amenities: _____

All exhibitors are requested to please keep count of the number of male and female adults and children that visit their table.

PLANNING IS ESSENTIAL TO SUCCESS!

PLEASE HELP BY RESPONDING ON OR BEFORE FRIDAY, May 21, 2010

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