



September 5, 2019

You are invited to participate in the City of Montclair, Human Services Department, **Community Health Fair** on **Tuesday, October 15, 2019** at the Montclair Community Center, 9 a.m. to 12 noon. The **Fair** will offer health screenings to people of all ages, with some screenings for specific age groups.

The **Fair** is being sponsored and coordinated by the City of Montclair, Montclair Hospital Medical Center (MHMC), and the Women's Club of Montclair. You are one of 35 agencies that have been invited to participate.

The **Montclair Community Health Fair's** goal is to provide health screenings and educational exhibits to the 350 expected participants. Flu shots will be available to participants at the event (subject to availability). Door prizes will be given to participants throughout the day. If you have an appropriate item you would like to donate for these drawings, please indicate this on your application (no food items please, though grocery store gift cards are a suggestion). Those agencies providing door prizes by Friday, October 11 will be recognized on the event program. Please contact me at the number or email listed below to arrange door prize delivery.

Enclosed you will find an application form and a "Standard for All Exhibitors" information sheet. To provide the best **Fair** possible we are requiring for-profit agencies to complete the application and reserve a space with a non-refundable \$50 fee. If you represent a non-profit or government organization, then your agency is exempt from the exhibitor's fee. All applications, standards and payments must be received by **Friday, October 4, 2019**.

All applications will be reviewed by the **Fair** Committee, and those offering health related services will be given first priority. Upon approval of your agency's participation, you will be notified by mail with a confirmation letter detailing your location at the **Fair**, a map to our facility and instructions for the day. **Space is not guaranteed until you receive a confirmation letter.** We look forward to working with you for a very successful **Montclair Community Health Fair**.

Sincerely,

Michelle Castillo  
Senior Human Services Supervisor  
(909) 625-9451 or mcastillo@cityofmontclair.org

**CITY OF MONTCLAIR**

5111 Benito Street, P.O. Box 2308, Montclair, CA 91763 (909) 626-8571 FAX (909) 621-1584

Mayor Javier John Dutrey • Mayor Pro Tem Carolyn Raft • Council Members: Bill Ruh, Trisha Martinez, Tenice Johnson • City Manager Edward C. Starr



2019 Montclair Community Health Fair Application

Montclair Community Center • 5111 Benito, Montclair

October 15, 2019 • 9:00 a.m. to 12:00 noon

AGENCY NAME

ADDRESS

ZIP

PHONE

FAX

CONTACT PERSON AND TITLE

CONTACT PERSON'S EMAIL

We would like to:

PROVIDE EDUCATIONAL / INFORMATION, EXHIBIT OR DISPLAY
SUBJECT:
• We will need \_\_\_ 1/2 table \_\_\_ one table • We will need \_\_\_ chairs.
• We will need electricity (limited availability — first come, first served) YES NO

SPONSOR A SPECIAL SCREENING / SERVICE
SUBJECT\*:
• We will need \_\_\_ 1/2 table \_\_\_ one table • We will need \_\_\_ chairs.
• We will need electricity (limited availability — first come, first served) YES NO

Yes, our agency will donate a gift for the door prize drawings (will be recognized in event program if received by October 11, 2019).

We are a for-profit agency and have enclosed a non-refundable \$50 fee to reserve a space in the Montclair Community Health Fair.

We are a non-profit or government agency (no charge).

I, the undersigned, have read the "Standards for All Exhibitors," and agree to abide by them. I hereby release, discharge, and hold harmless the City of Montclair, its officers, agents, employees, volunteers and other representatives from any claims, actions or demands arising with my participating in the conducting of the above listed activities for the City of Montclair, including any physical injury caused by the negligence or omission of any officers, agents, employees, volunteers or other representatives of the City of Montclair.

Authorized Agency Signature

Date

PLEASE RETURN THIS COMPLETED APPLICATION, STANDARDS FORM AND CHECK (IF APPLICABLE) MADE PAYABLE TO: "MONTCLAIR SENIOR CITIZENS", BY OCTOBER 4, 2019 TO:

City of Montclair, Human Services Department
Attention: Michelle Castillo
5111 Benito Street
Montclair, CA 91763 or email: mcastillo@cityofmontclair.org

\*blood pressure, glucose and structural screenings already covered

OFFICE USE ONLY Date Received Payment Amount Check No Verified Non-Profit/Government Organization



## 2019 MONTCLAIR COMMUNITY HEALTH FAIR STANDARDS FOR ALL EXHIBITORS

1. Each exhibitor is responsible for understanding and following all Fair guidelines. It would be appreciated if you would review these guidelines with all your employees that will be working your booth.
2. Each exhibitor's space fee must be paid in full before set-up is allowed at the event.
3. No exhibitor may assign or sublet all or any part of their space, nor exhibit therein any goods other than those handled by the exhibitor of contract in the normal course of their business.
4. All exhibits must be neat, clean, and must conform to all safety, electrical, and fire codes required by the Montclair Fire Department.
5. Your reserved table-space includes a blue, plastic table cover. You may cover it with an agency table cover. Table space and chairs will be provided.
6. The exhibitor may only conduct business within the confines of their booth, and may not use the aisles or any other part of the Community Center. The exhibitor may not hail or call prospects over to their booth.
7. At least one person must occupy your exhibit during all Fair hours. Booth personnel must be neat, clean, and dressed in an acceptable fashion.
8. Booth identity signs will be provided for each exhibitor. No handmade signs are permitted.
9. No cash, check, or credit card sales may take place during the Fair. Scheduling of appointments with your agency during the event is not permitted.
10. Fair "screening" providers must provide their own equipment and supplies (insured) unless other arrangements are made with the Fair management. Fair participants must present the "Montclair Community Health Fair Screening Form" to be seen by Fair screeners.
11. Fair "screening" providers must record the results of the screening on the Health Screening Form. If abnormal, mark "YES" in the "Further Evaluation Needed" column of that form.
12. No ingestible substances, such as medication samples, shall be given away, with the exception of pre-packaged food substances.

13. Professional organization affiliation is required for all participating “screening” providers.
14. Fair management reserves the right to relocate any exhibitor if it deems it necessary or for the good of the event. Furthermore, Fair management reserves the right to remove any display items not deemed acceptable.
15. Exhibitors may not use loud audio or visual projection devices or equipment including: bullhorns, public address systems, radios, movie equipment, or distracting lights of any kind.
16. Exhibitors may not eat within their booth, and any drinks must be kept out of view of the public. Any personal belongings should be kept out of the view of the public.
17. No individual table drawings will be accepted.
18. For profit exhibitors may not take names, addresses, phone numbers and email addresses of participants. Non-profit exhibitors may take names, addresses, phone numbers and email addresses only with prior approval of the Fair committee. Please contact Michelle Castillo at (909) 625-9451 or [mcastillo@cityofmontclair.org](mailto:mcastillo@cityofmontclair.org) to request approval.
19. Take down for the Fair will be October 15 at 12:00 noon. No exhibitor may leave the premises or begin to remove their exhibit prior to this time.
20. Failure to comply with any of the above rules may jeopardize future participation in this Fair.
21. Participation in the Montclair Community Health Fair signifies that you agree to comply with all rules and regulations, as stated.

The above rules are presented to each exhibitor. They are designed to create consistency and to guarantee a professional event. I understand that I am a guest at the Montclair Community Center and agree to abide by the above rules.

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Exhibitor's Name (printed)

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Date

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Exhibitor's Signature

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Exhibitor's Agency