

Polara Health Community Health Fair  
Vendor Registration Form  
Friday, April 19th 11:30am-6:00pm  
Chino Valley High School Gymnasium



**Vendor Information**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Website: \_\_\_\_\_

Types of Products/Services you offer - a brief description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vendor Participation**

Number of Staff Attending: \_\_\_\_\_ A table and 2 chairs will be provided.  
Vendor set-up begins at 10:30am - Boxed lunches provided

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission:**

Please submit the completed form via email to [d.eder@polarahealth.com](mailto:d.eder@polarahealth.com) by April 1st  
Please include your logo in a png or jpg format.

Please submit the vendor fee \$50 via check to: Polara Health or on our website at  
[www.polarahealth.com/events-1](http://www.polarahealth.com/events-1)

Should you have any inquiries regarding the vendor fee, please contact Deanna directly at  
[d.eder@polarahealth.com](mailto:d.eder@polarahealth.com) or 928-583-4768

Polara Health  
Attn. Deanna Eder / Community Health Fair  
3343 N. Windsong Drive  
Prescott Valley, AZ 86314

Thank you for your interest in being a part of our first Community Health Fair.  
We look forward to having you as a vendor.

  
**Polara Health**