



# HEALTH FAIR & REGISTRATION FORM

SATURDAY JUNE 9, 2018

**NAME OF ORGANIZATION/BUSINESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**TYPE OF ORGANIZATION:** \_\_\_\_\_

- Not-for-profit
- Health/Hospital
- Food/Restaurant
- Sports/Fitness
- Retail/Commercial
- Other (specify) \_\_\_\_\_

Special requests (if any): \_\_\_\_\_

**PLEASE NOTE:**

- There is **a fee of \$25** for vendors (to secure a space you must make a reservation with your payment. (Please make checks payable to: Hempstead PAL)
- Vendors must register by June 4, 2018

**PLEASE EMAIL REGISTRATION FORMS TO: [jhargwood@villageofhempsteadny.gov](mailto:jhargwood@villageofhempsteadny.gov) or send payment to: Incorporated Village of Hempstead  
99 Nichols Ct  
Hempstead, NY 11550  
Attn: Juanita Hargwood**

**FOR ADDITIONAL INFORMATION PLEASE CALL (516) 478-6286**

**\*\*\*\*There is to be no selling of any alcoholic beverages, drug paraphernalia or illegal weapons of any kind\*\*\*\***