



MISSION VIEJO
Make Health Your Mission

Mission Viejo Community Health Fair
Saturday, February 25, 2017 10:00 AM - 1:00 PM
Sponsor Registration Form

Organization Name: _____

Organization Contact: _____

Day of Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Day of Contact Phone: _____

E-Mail Address: _____

Please mark the box for your desired sponsorship level:

(See "Opportunities" page for details)

The Big Apple Sponsor \$600

Strawberry Sponsor \$200

Orange Sponsor \$350

Non-Profit Exhibit Table \$75

Must provide proof of non-profit status

Please describe the type of products/services to be promoted or displayed: _____

Health screening/services?* Yes ____ No ____

** Health screenings must be approved. Additional chairs will be provided if needed. Additional Insurance may be required. Big Apple and Orange Sponsors receive priority in providing screenings/services.*

Electrical Outlet?*** Yes ____ No ____

If yes, for what purpose: _____

**** Electricity only guaranteed for Big Apple Sponsors.*

Event held at: **The Norman P. Murray and Community Center (24932 Veterans Way)**

In order to take full advantage of your sponsorship opportunity, all registration information is due no later than **Friday, February 10, 2017.**



Sponsorship Opportunity Details

The Big Apple Sponsor - \$600 (Limit 6)

- The Big Apple premier booth location
- Company logo displayed on event flyer
- Company logo on website
- Company logo displayed on the Big Apple Sponsor Board at the event
- Company logo on MTVV slide with event advertisement
- Company logo displayed during event on Frame Rate
- Priority to provide health screenings
- 2 tables with tablecloths and 4 chairs
- Electricity

Orange Sponsor - \$350

- Orange booth location
- Company logo on website
- Company logo displayed on the Orange Sponsor Board at the event
- Opportunity to provide health screenings
- 1 table with tablecloth and 2 chairs

Strawberry Sponsor - \$200

- Strawberry booth location
- 1 table with tablecloth and 2 chairs

Non-Profit Exhibit Table - \$75

- 1 table with tablecloth and 2 chairs

In order to take full advantage of your sponsorship opportunity, all registration information is due no later than **Friday, February 10, 2017.**

Criteria: We encourage your Organization to have a booth at the Mission Viejo Community Health Fair to showcase your healthy options. We are looking for fitness, nutrition, mental health, massage health, financial health, and other types of businesses. The City of Mission Viejo reserves the right to deny applicants that do not fit the integrity of the **Mission Viejo Community Health Fair**.



Mission Viejo Community Health Fair General Policy

1. The Mission Viejo Community Health Fair 2017 will be held on Saturday, February 25, 2017 (rain or shine) at the Norman P. Murray Community Center, 24932 Veterans Way, Mission Viejo, CA 92692.
2. Sponsors registration forms will be dated and time stamped as they are received. Spaces will be assigned with a balance in mind. There will be limited spaces available per industry.
3. Booth location will be assigned before the event and will be non-negotiable.
4. No refunds. Once your application is received you will be informed if you have been approved. Once approved you will be required to provide payment and appropriate insurance paperwork if requested. **Application, payment and insurance (if applicable) are due no later than February 10, 2017.**
5. **All sponsor registration forms must include a description of your booth products, services and/or activities to be eligible for admission. The Community Health Fair committee reserves the right to deny if not approved prior to the event.**
6. Official starting time for the Mission Viejo Community Health Fair is **10:00 a.m.** Set-up time begins at 8:30 a.m. and must be completed by 9:45 a.m. There will be no early drop off for your materials, so please arrive with ample time to prepare your booth. Your space must be set-up and operating no later than 10:00 a.m. Sponsors who do not abide by this time frame will have their booth broken down promptly at 9:00am. **All spaces must remain active until 1:00 p.m.**
7. The space provided is to be used solely for the name that appears on your contract, and it is agreed that no portion will be sublet or used by any other organization or business.
8. The distribution of promotional literature must be limited to your assigned booth. Literature distribution in the parking area and restrooms is strictly prohibited. Sponsors that do not adhere to this policy will not be invited to participate in future events.
9. For safety purposes, all sponsor must set-up within the space assigned to them. Areas between spaces may not be used as additional space or an added charge will be incurred. All signage must remain behind the table provided within the space provided. Signage may not block walkways or other vendors. Only approved banners are allowed and absolutely no banners should be tacked or nailed to walls. Nothing can be stapled or nailed to the rental tables or surrounding foundations. Nothing can be taped onto the walls of the building. Pop up banners, tablecloths with your company name and easels are recommended.
10. The City of Mission Viejo will not assume responsibility for any damage, theft or loss of personal property or damage, theft to your space or loss of items offered for sale on the day of the Community Health Fair.
11. All sponsors are responsible for cleaning up their space and surrounding area. Please remove all trash and other items used by your group.
12. Community Health Fair representatives reserve the right to close any space that is not being conducted in conformance with the rules or is not being managed properly.

Signature _____ Date _____



Sponsor Liability Agreement

Sponsor agrees to defend, indemnify, protect and hold harmless the City, its officers, officials, employees and volunteers from and against any and all claims, demands, losses, defense costs or expenses, or liability of any kind or nature which the City, its officers, officials, employees, and volunteers may sustain or incur or which may be imposed upon them for injury to or death of persons, or damage to property arising out of Sponsor's negligent or wrongful acts or omissions in performing or failing to perform under the terms of this Agreement, excepting only liability arising out of the negligence of the City.

The City requires a minimum \$1,000,000 liability insurance coverage for health screenings/services that are deemed "medium to high risk". The policy must name the City of Mission Viejo as an additional insured with an endorsement letter attached.

Signature _____ Date _____

For more information, contact mvhealthfair@cityofmissionviejo.org

Or visit, www.cityofmissionviejo.org/healthfair/

Please send completed applications to:

ATTN: Barbara Swanson

24932 Veterans Way

Mission Viejo, CA 92692

OR

MVHealthFair@cityofmissionviejo.org

Once application is approved, you will be contacted for payment.
