



**NATIVE  
HEALTH**

A Tradition of Wellness

**Women's Health Fair  
Tuesday, May 12<sup>th</sup>, 2009  
11:00 a.m. – 1:00 p.m.  
4520 North Central Avenue, 3<sup>rd</sup> Floor  
Phoenix, Arizona**

**EXHIBITOR APPLICATION**

Please complete this form and return it by April 28, 2009. You may fax (602) 279-5390 or email to Susan Levy, [slevy@nachci.com](mailto:slevy@nachci.com). A door prize donation is requested from each organization. For more information call (602) 279-5262 x 3302.

Organization/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

Exhibit Description: \_\_\_\_\_

Location: NATIVE HEALTH (Native American Community Health Center, Inc.) 4520, North Central Avenue, 3<sup>rd</sup> Floor, Phoenix.

Exhibit Space Includes: One table and two chairs. Please contact us for special space size or needs (i.e., electrical outlet, etc.) and please bring your own power cords.

Indemnification: The Native American Community Health center will not be responsible for any injury, loss, or damage that may occur to the exhibitor, the exhibitor's employees or property or to any other person prior to, during, or subsequent to the period covered by this contract.

Photo/Media Release: NATIVE HEALTH is granted permission to use photographic likeness, recordings, broadcast and any other use of media for advertising, display, reproduction and/or internal purposes.

Name (print) \_\_\_\_\_ Title: \_\_\_\_\_

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

NATIVE HEALTH, 4520 North Central Avenue, Suite 620, Phoenix, AZ 85012 (602) 279-5262.  
[www.nativehealthphoenix.org](http://www.nativehealthphoenix.org).