

TO: Health Care Providers/Professionals
FROM: City of Warren Commission for Senior Health Care Services
Cathy Lawson, Treasurer
26600 Burg Road – Warren, MI 48089
Phone (586) 758-1310 ♦ clawson@cityofwarren.org
RE: **You are cordially invited to be an exhibitor at the next City of Warren, Senior Health Care Services Seminar**

SEMINAR DATE: Wednesday, March 21, 2018

LOCATION: St. Faustina's Church - Religious Education Entrance
14025 E. 12 Mile Road - Warren, MI 48088

SCHEDULE:

11:00 a.m. - 11:30 a.m.	Exhibitors set up
11:30 a.m. – 12:30 p.m.	Senior Citizens visit vendor tables
12:30 p.m. – 1:30 p.m.	Speaker
1:30 p.m. - 2:00 p.m.	Door prizes

COST: (Per Seminar)

Plan #1 \$35.00 for one banquet length table

Plan #2 \$25.00 for a banquet length table if you donate a door prize* or provide a free health screening**

- The door prize should have a value of at least \$10.00 and be something the winner can take with them, not something that requires a visit to your place of business or to the senior's home. At the end of the seminar, exhibitors draw a senior's name to select the winner of their door prize.
- If you are going to offer free health screenings to attendees (blood pressure, vision, cholesterol, etc) please indicate the type of screening on the attached registration form.
- **Screenings, candy, water & freebies will encourage the senior citizens to visit your table.**
→ SELECTION OF VENDOR TABLE WILL BE ON A FIRST COME BASIS ←

BENEFIT: Exposure to the many Warren Seniors (approximately 120-160) who attend the seminars; your organization's name is mentioned on the flyers which are mailed out to all previous attendees and distributed to all Senior Centers in Warren. Exhibitors who donate door prizes receive additional exposure at the time those prizes are given away.

DEADLINE: To participate in the **March 21** seminar, please fill out the attached Registration Form and respond as soon as possible. **If you do not return this form, you will not be registered. Tables are filled on a first come, first serve basis. If your registration form is received after the flyers are printed, your company will not be mentioned on the flyer.**

PAYMENTS: Make your check payable to Warren Senior Health Care Commission and send to: Warren Senior Health Care Commission, Attn: Cathy Lawson – 26600 Burg Road – Warren, MI 48089.

Registration Form – Please return as soon as possible

Registrations are accepted on a first come – first serve basis.

If you are interested in attending our next Senior Health Care Seminar, please complete and return the form below. If you have any questions, please contact me by mail, email, telephone or fax. Although you may have previously indicated your intention to participate, please complete and return this questionnaire.

- We want to register for a table at the March 21, 2018 seminar
- We will provide a screening service Type: _____
- We will provide a door prize (*A door prize should be valued at \$10.00 and should be something the winner can take with them, without requiring them to visit your place of business*)
- We will not be participating in the upcoming seminar but would like to remain on the list for future seminars.
- We are not interested in participating. Please remove us from your list.

YOUR ORGANIZATION _____

TYPE OF BUSINESS _____

ADDRESS: _____ CITY: _____ ZIP: _____

This questionnaire completed and sent by (please print)

NAME: _____ PHONE # _____ FAX # _____

EMAIL: _____

**IF YOU REGISTER AND DO NOT SHOW, YOU WILL BE
CHARGED A \$35 FEE AS WE ARE LIMITED TO VENDOR SPACE**

If you know of any other organization that may be interested in our activities, please let us know so that we may contact them.



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