The New York State Public Employees Federation

Health & Wellness Fair

Exhibitor/Vendor Reservation Form

This registration form is for the reservation of an exhibitor/vendor table, workshop session, and/or entertainment sponsorship.

Please complete the form below to reserve your table or request a workshop/sponsorship opportunity at the upcoming Health & Wellness Fair, Saturday, April 29, from 9 a.m.-3 p.m.

Company Name:			
Company Address:			
Contact Name:			
Contact Phone No.:			
Contact Email Address:			
☐ I would like to reserve a table	e at the Health & Wellness F	air	
Exhibitor Staff Name #1:	(first)		
	(Jirst)	(iust)	
Exhibitor Staff Name #2:			
	(first)	(last)	
Door Prize Donation:			
Provided by: (specify organiz	ration's name and purpose)		
WORKSHOPS:			
☐ I would like to host a worksh	nop session if one is available	2.	
Topic/Description:			
ENTERTAINMENT SPONSORS	SHIPS:		
☐ I would like to sponsor an en	ntertainment segment		
Type of Entertainment:			
Please mail your form to:			
PEF Membership Benefits Pr	rogram		
10 Airline Drive, Suite 101			
Albany, NY 12205			
ATTN: Tiara Smiley			

Or, scan and email your form to: Tiara.Smiley@pef.org.

Forms must be submitted by: 4/1/2023

Opportunities are available on a first come, first serve basis.

