



August 10, 2018

Dear Community Partner,

We would like to invite your organization, business, or agency to participate in this year's Community Health Fair which will take place **on Saturday, October 20, 2018 from 10:00am to 1:00pm at San Joaquin General Hospital.** This will be a free event for our families county wide, with a focus on the underserved areas. We provide a combination of health related services and activities at no cost, health information and important resources towards living a healthy lifestyle. We are anticipating over 1000 individuals to attend this event.

Attached to this letter is the vendor registration form. Please complete the form and return your application by September 28, 2018. If you have any questions or need additional information, feel free to contact Kristi Bahr at [KBahr@sjgh.org](mailto:KBahr@sjgh.org) or at the numbers listed below.

Sincerely,

**Kristi R. Bahr, RN, MSN, CDE**

Community Outreach | Ambulatory Care Services Admin  
San Joaquin General Hospital | San Joaquin County Clinics  
Office 209-468-6405  
Admin Office 209-468-6372  
Fax 209-468-6114  
[KBahr@sjgh.org](mailto:KBahr@sjgh.org)



**SAN JOAQUIN  
GENERAL  
HOSPITAL**

**SAN JOAQUIN  
COUNTY  
Clinic**

## 2018 BI-NATIONAL COMMUNITY HEALTH FAIR

SAN JOAQUIN GENERAL HOSPITAL & SAN JOAQUIN COUNTY CLINICS

### EVENT INFORMATION:

**DATE:** Saturday, October 20, 2018 **TIME:** 10:00AM – 1:00PM

**LOCATION:** San Joaquin County General Hospital—Main Clinic Parking Lot  
500 West Hospital Road, French Camp, CA 95231

**VENDOR ENTRANCE:** NO FEE Raffle basket or Prize for event is required

**VENDOR REGISTRATION DEADLINE:** September 28, 2018

### EVENT DETAILS:

- One table and two chairs will be provided per agency.
- Canopies will not be provided. Please bring your own 10x10 canopy. (Canopies must have weights. This is an outdoor event taking place in the parking lot near an emergency helicopter landing pad.)
- All non-county agencies must submit by September 28th, 2018 certificate of insurance naming the following as additionally insured (\$1,000,000.00): San Joaquin General Hospital, San Joaquin County Clinics: including their directors, officers, officials, employees and trustees. For further questions regarding insurance requirements, please contact Tanya Moreno at [thmoreno@sjgov.org](mailto:thmoreno@sjgov.org).
- Please keep event display up until 1:00pm.
- Vendors must attend **mandatory informational meeting** for further details.

### INFORMATIONAL MEETING:

All vendors required to attend:

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
Tuesday, October 16 <sup>th</sup>	4-5 PM	SJGH Conference Room 2

## QUESTIONS?

**Kristi R. Bahr, RN, MSN, CDE**

Community Outreach | Ambulatory Care Services Admin  
San Joaquin General Hospital | San Joaquin County Clinics  
Office 209-468-6405  
Admin Office 209-468-6372  
Fax 209-468-6114  
[KBahr@sjgh.org](mailto:KBahr@sjgh.org)

# VENDOR REGISTRATION FORM

## 2018 BI-NATIONAL COMMUNITY HEALTH FAIR SAN JOAQUIN GENERAL HOSPITAL & SAN JOAQUIN COUNTY CLINICS

**San Joaquin General Hospital - 500 W Hospital Rd French Camp, CA**  
**Saturday, October 20, 2018 10:00am — 1:00pm**

Please complete this form and return by FRIDAY September 28, 2018 in order to secure a table for your organization. Table and chairs will be included, however pop up tent WILL NOT be provided.

Agency Name:		
Contact Name:		
Alternate Contact Name:		
Address:		
City:	State:	Zip:
Contact's Phone:	Contact's Email:	Alternate Email:
<b>-Number of staff/volunteers attending from agency: _____</b> <b>-We will provide 1 table and 2 chairs per agency.</b> <b>-Agencies bringing a canopy are required to bring weights to secure it down.</b> <b>-Submit proper Insurance requirements by 9/28/18</b> <b>-All raffle items will be collected at the registration table on the day of the event.</b>		
Our agency will be providing the following service(s)/activity:		<i>Please circle one</i>
A. _____		<b>Electricity Requested:</b>
B. _____		<b>YES    NO</b>

In consideration of the acceptance of this participation to the San Joaquin General Hospital, and San Joaquin County Clinics, I waive all claims for myself, my heirs and assigns against the sponsors, cooperating and coordinating groups and any individuals associated with the event and will hold them harmless for any and all injuries or illness which may result from my participation. I also give permission to the media to use my name and/or picture in any newspaper, broadcast, telecast or any other account of this event, without limitation, and without obligation of anyone to compensate me further thereafter.

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

**Completed forms to be submitted to:**  
**Please fax 209-468-6114 or email KBahr@sjgh.org**