

Vendors sought for the Oneida County Employees Health and Wellness Fairs.

Do to last year's overwhelming response The Oneida County Wellness Committee is hosting two Oneida County Employee Wellness Fairs. The first will be on April 16, 2019 from 10am – 2pm at 120 Airline St Oriskany and the second on May 21, 2019 from 10am – 2pm at 800 Park Ave, Utica. We are seeking professionals who provide Health & Wellness services in Oneida County. Space is limited, and will be assigned on a first-come, first-served basis, based upon the nature of the service being provided. If you are interested in attending, please email ocwellness@ocgov.net by March 15, 2019 for an application or visit www.ocgov.net homepage.

CHECK LIST

- Submit your Application by the end of business on March 15, 2019 Applications submitted after that date may not be considered.
- Sign and submit the Hold Harmless Agreement
- Provide a valid, current Certificate of Insurance. YOU MUST INCLUDE PROOF OF LIABILITY INSURANCE WITH APPLICATION TO BE CONSIDERED
- List professional credentials: On a separate sheet, please list relevant education, training, and professional credentials (licenses & certifications) if available in your field. Even in a single business entity, each individual planning to attend the fair must complete this section separately.

Please mail all of the above items to:

June Hanrahan
Oneida County Wellness Fair Committee Chair
c/o Oneida County Office for The Aging
120 Airline Street
Oriskany, NY 13424

FMI:

Contact June Hanrahan at 315-768-3617

Oneida County Wellness Fairs

April 16, 2019 • Oneida County Office of the Aging, Oriskany, NY • 10:00am to 2:00pm

May 21, 2019 • Oneida County Office Building, Utica, NY • 10:00am to 2:00pm

EXHIBITOR APPLICATION (Deadline March 15, 2019)

****Please note that applications must be received by this date to be included in the program****

Please PRINT clearly

CONTACT INFORMATION:

Business name: _____
Type of service(s) / product(s): _____
Contact person(s): _____
Physical address: _____ ST _____ ZIP _____
Mailing address: _____ ST _____ ZIP _____
Daytime phone: _____ alternate phone/cell: _____
Email: _____ Website: _____

BUSINESS LISTING as you'd like it in the brochure and on the website: (if different from above)

Business name: _____
Type of service(s) / product(s): _____
Contact person(s): _____
Physical address: _____ ST _____ ZIP _____
Mailing address: _____ ST _____ ZIP _____
Daytime phone: _____ alternate phone/cell: _____
Email: _____ Website: _____

BUSINESS DESCRIPTION: write a short description (15 words or less) of your product(s) or service(s): _____

Please indicate the number of booths you are requesting. BOOTH SPACE INCLUDES 2 CHAIRS AND A TABLE, if needed. Also, please indicate if your booth will require an electrical connection.

Number of Booths: _____ Electrical Connection Needed (Yes/No): _____

BOOTH DESCRIPTION: list all items to be used & displayed at your booth. All items must be listed or they will not be permitted in the booth on fair day. While distribution of free samples is permitted, we request that healthy snacks be offered rather than candy. IMPORTANT NOTE: Exhibitors are not allowed to sell products or services at this event.

SIGNATURE: _____

DATE: _____

HOLD HARMLESS AGREEMENT

NAME _____

ADDRESS _____

COMPANY NAME _____

PHONE # _____

By executing this agreement, the undersigned agree(s) for himself, herself, itself and its/their successors, heirs and assigns that participation in the Oneida County Wellness Fair, as described herein, shall be at the risk of the undersigned, and that the undersigned hereby releases and forever discharges and expressly agrees to indemnify and hold harmless ONEIDA COUNTY and the officers, directors, employees, agents and members thereof, together with their successors and assigns of and from all debts, demands, actions, causes of action, suits, dues, sum and sums of money, accounts, reckonings, bonds, specialties, covenants, contracts, controversies, agreements, promises, doings, omissions, variances, extents, execution and liabilities whatsoever including, without limiting the generality of the foregoing, claims for contribution, exoneration or indemnity, or any other thing whatsoever which might arise from the undersigned's participation in the Oneida County Wellness Fair.

The undersigned acknowledges that he/she has read and understood the foregoing, and that he/she has been advised to consult with an attorney if he/she has any questions.

Signature _____

Date _____