



Registration Form

Vendor/Agency/Department Information

Name	
Address	
City, State, Zip	
Contact person	

Phone:

Email:

**Type of booth
(please select one)**

- Demonstration
- Display/Exhibit/Informational booth
- Screening

Please describe your demonstration/display/screening below:

Will you need electrical outlets available? **Please select Y or N** (If yes, please note you will be responsible for supplying your own extension cords, but we will place your booth near an outlet.) Please also list the type of equipment for which electricity will be required below:

RRH provides tables and chairs for your display. Please tell us how many of each you will need.
_____ 6ft table(s) _____ chairs

The Health Fair Committee will set up your table and will provide a plain colored table cover to go with the Life gameboard theme. However, you are more than welcome to provide your own cover and banner advertising your agency. Please check your preference below:

____ Cover my table
____ I will provide my own table cover

Registration deadline is March 27, 2026. Please make checks payable to RRH Health Fair and mail to:
Reeves Regional Health
Attn: Anallency Ramirez--Health Fair
2349 Medical Drive
Pecos, TX 79772