

APPLICATION

Saturday & Sunday, April 6 & 7, 2019 - 10 a.m. - 4 p.m.

Vernon Center Middle School

777 Hartford Turnpike (Rte 30), Vernon, CT

www.vernonhealthfest.com

Applications will be taken until we are at capacity

Vendor Name: _____

Contact Person: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Website: _____

VENDOR COST

96 spaces are available – 9' x 8'. Space includes white tablecloth and 2 chairs. Exhibition halls are open – no curtains. Since the focus is on health there will be no readers or religious groups. No multi-level marketing (MLM) or network marketing products please, at your booth or on the healthfest floor.

___ 2 Days: Booth (\$125) ___ 1 Day: Booth (\$100) Circle: Sat or Sun \$_____

Speaker Fee (\$25 if NOT a vendor; free opportunity for vendors) \$_____

Total Cost (Booth + Speaker Fee): \$_____

** The full fee will be refunded if written notification is provided by March 16, 2019.

** SPONSORSHIP ** If you are interested in being a Gold or Silver sponsor for this event, please contact Michelle Hill at (860) 870-3555 or mhill@vernon-ct.gov. (You will still need to fill out and submit this Application.) Gold (\$500) and Silver (\$250) Sponsors will be afforded an extra logo and description presence on our website, program, and bags (Gold) and website and program (Silver).

VENDOR DESCRIPTION

Please limit to 15 words – we are unable to allow more due to limited space and quantity of vendors promoted in our marketing materials for this event.

Note: products or services may be reviewed by the Town for appropriateness:

Do you need electricity? Circle Yes or No

WORKSHOP PRESENTER DESCRIPTION

Please fill out if you would like to conduct a 50-minute workshop. Attach or email a brief description of workshop and biographical outline of the speaker. Those selected will be notified in February.

Speaker's Name: _____ Circle If You Have a Preference: Saturday or Sunday

Title of Presentation: _____

Brief Description (please limit to 50 words) _____

I would like to donate an item to the Raffle (see further instructions in this Application)

Please describe your donation _____

Submit pgs. 1, 2, and 5 of this Application with full payment. Applications will be accepted up until all space is filled. Be sure to retain copies for yourself.

Make checks out to "Vernon Youth Services Bureau" and submit via one of the following ways:

Mail both application and check to: Michelle Hill, Vernon YSB Healthfest, 9 Elm St., Vernon, CT 06066

Email application only as an attachment to mhill@vernon-ct.gov and mail check to Michelle Hill, Vernon YSB Health fest, 9 Elm St., Vernon, Ct. 06066

Questions: Michelle Hill, Town of Vernon at (860) 870-3555, mhill@vernon-ct.gov
Dory Dzinski at (860) 693-2840, dorydzinski@comcast.net

For the latest information, visit www.VernonHealthfest.com. We will be updating the website as we go along. In the meanwhile, please LIKE our Facebook page at Greater Vernon Holistic Healthfest.

OVERVIEW

The Vernon Youth Services Bureau and the Greater Vernon Holistic Community (supported by the Door Opener Magazine Online) invite you to participate in our ninth holistic health fair. The purpose of the fair is to educate area families about natural health alternatives, holistic modalities, and services available regionally. The fair will feature workshops, demonstrations, a raffle, two exhibit halls and a café. It is intended to be a showcase for local centers, practitioners, authors, and artists. You are invited to participate as an exhibitor, vendor and/or workshop presenter in this unique opportunity to reach area residents. Through our advertising and publicity, we draw visitors from well beyond Vernon. Exhibits will focus on health and wellness, with vendors offering gifts, crafts, and artwork. For massage and energy work practitioners, we'll provide a quieter area for those that prefer it. Spiritually oriented area artists are also welcome. Approximately 1,600 people, including participants, attended our 2-day 2017 Healthfest. For more information see our online list of Frequently Asked Questions.

LECTURES, WORKSHOPS & DEMONSTRATIONS

There will be 40 presentations and demonstrations, of 50 minutes each, taking place in classrooms. We welcome your proposal for workshops and demonstrations. The emphasis is on education and the focus is on children and families. Presenters will be selected representing a range of modalities and topics; preference will be given to those not promoting products. Audio/visual aids are the responsibility of the speaker. There is no cost for exhibitors and a \$25 fee for non-exhibitors.

SET-UP AND BREAK DOWN

Set-up will begin at 7 a.m. on the day of the event – we would like everyone to be ready absolutely no later than 9:45 that morning. The custodial staff locks the building overnight, so please leave your tables in place Saturday evening.

Break down will begin after 4 p.m. on Sunday (unless you are exhibiting only on Saturday). Breakdown prior to 4 p.m. is discouraged, as there will still be patrons in the aisles. You never know what those last 10 minutes may bring!

MARKETING, PUBLICITY & PROMOTIONS

The event will be advertised and promoted by large signs at 7 locations around town, by email, social media, newspapers, and in holistic health publications, as well as through participants and area businesses. A program directory will list participants and speakers.

All proceeds go to the Vernon Youth Services Bureau for Vernon children. Sponsorships are available – see instructions on p. 1.

SALES & USE TAX PERMIT

Vendors providing sales must have their Sales & Use Tax Permit at their booth.

RAFFLE

For those offering a donation for the raffle; we will have bags with your table number at the Raffle table. *** Donations shall remain at the vendor's table. At 3:30 on Sunday, the winners will be chosen. Their names will be posted on the main Raffle poster and your bag with the winner's name and contact information stapled to the bag will be delivered to your table. You may keep all the tickets of those who signed up to win your prize. It will be your responsibility to contact your winner and get the prize to them.

WI-FI AVAILABILITY

Wireless internet access is available.

FOOD

Vendors offering or selling food or beverage products must obtain a temporary food service permit from the North Central District Health Department in advance of the event. This includes brewing tea. Information on obtaining a temporary food service permit can be found on the North Central District Health website. See link below: <http://www.ncdhd.org/>

We have a couple of excellent restaurants that typically participate with us in the designated eating area. If you are going to eat at your table, please be discreet.

OTHER VENDOR INFORMATION

Be careful about leaving your table unstaffed if you choose to wander around. It is always best to have a co-worker or neighbor watch your table. While we like to take the high road and assume that everyone is responsible and honest, the school will not be responsible for anything that may happen in that kind of situation.

The school does not allow confetti, sparkle, glitter, birdseed, rice, or anything of that nature. Table cloths are provided for each vendor, however if you choose to use your own it must fit the size of the table, which is 6 feet long. Due to safety reasons, table cloths that drag on the floor will not be permitted. If you have any questions, please contact Dory Dzinski or Michelle Hill. Please clean up your table area to the absolute best of your ability during break-down.

No smoking – the school is a smoke-free environment – including the bathrooms
No candles or incense – no live flames or smoke of any kind.

INSURANCE & INDEMNIFICATION

Vendors may be required to provide proof of commercial general liability insurance before the start of the event. All vendors offering or selling food or beverage products must provide verification of liability insurance coverage (including products/completed operations) at least 7 days before the start of the event. Vendors with employees should provide proof of workers compensation insurance coverage as well. The Certificate of Insurance shall indicate: (a) Commercial General Liability Insurance with a minimum of \$1,000,000 per occurrence and including product/completed operations coverage, (b) name the Town of Vernon and Vernon Board of Education as additional insured, (c) Workers Compensation coverage if vendor employees are present, and (d) list the insurance agency/brokerage issuing the certificate. Regardless of the Town's insurance requirements, it is strongly recommended that all vendors maintain commercial general liability insurance for their operations and activities. We have included a link below to a program offering \$1,000,000 special event coverage at competitive rates.

<https://tulip.onebeaconentertainment.com/e/tulip/apply.aspx>

The Vendor is entirely responsible for the space leased and has the sole responsibility of keeping said space free from any conditions dangerous to persons visiting or working the exhibition floor. Vendor agrees to indemnify, defend and hold harmless the Town of Vernon and Vernon Board of Education, including its employees, agents, volunteers, and others acting on their behalf, from and against any and all claims and expenses for injury, loss, or damage that may occur to Vendor, or to Vendor's employees, guests, or property from any cause whatsoever, as a result of the use of the rented space, or the actions or failure to act of any party associated with the Vendor. In no event shall the Town of Vernon and/or Vernon Board of Education be held liability for any damages arising out of or in connection with this Agreement. Vendor recognizes that no other party holds insurance that relieves it from liability of damages as a result of use of the rented space. Vendor is solely responsible for damages to the premises and for violation of any law, code or regulation.

Vendor Acknowledgement Signature: _____

Date: _____