**VENDOR & SPONSOR PACKET**

**Glastonbury Health & Wellness Fair**

April 8, 2020 | 2:00-4:00 p.m.; 5:00-7:00 p.m.
Riverfront Community Center (300 Welles Street, Glastonbury)

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**Be a Stop on the Journey!**

**Don’t miss this opportunity** to be a vendor and/or sponsor at the Glastonbury Health & Wellness Fair. Join the diverse range of products and services and ensure that your company is represented in front of adults, children and seniors interested in making 2020 their healthiest year yet!

**Showcase your Products & Services!** If you provide health and wellness related products or services - this fair is for you! Vendors have the option of participating from the 2:00-4:00 p.m. time slot; 5:00-7:00 p.m. time slot or both!

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**Vendor Space Includes**

- 10’x10’ Space
- One 6’ Table
- 2 Chairs

Spaces will be assigned on a first come/first serve basis with sponsors having priority selection. Adjustments may be necessary to provide maximum use of space and/or accommodate electrical needs.

There may be multiple vendors and/or similar products. We cannot guarantee exclusivity. We reserve the right to limit vendors offering similar products and services.

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**Vendor Space Rates**

**For Profit:** $75 for one time slot; $100 for two time slots

**Non-Profit (10 Maximum):** $25 for one time slot; $40 for two time slots

**Virtual Vendor:** Can’t make it to the event, but still want to display your information?! Provide us with the materials and our staff will set-up your space for you on a shared table. Cost is $40

**Electricity:** Limited vendor spaces are available with electricity. Spaces with electricity are denoted with 🌐 on the map to the right. Additional cost of $25 applies.

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recreation@glastonbury-ct.gov | 860.652.7679 | www.glastonbury-ct.gov/passport2health
In addition to being a vendor at the event, we offer many exciting ways to market your company’s products and services to all of our fair attendees!

Discounts & Benefits:
- Complimentary Booth with Prime Location Near Entrance

Marketing & Branding Opportunities:
- Your Logo on all “File of Life Cards” Distributed to all Attendees
- Full Page Advertisement in Event Guide Displayed at Event
- Pre and Post Event Mention on Social Media

Information Distribution:
- Opportunity to do a Session/Demo
- Opportunity to place two items in attendee bags (Must deliver 400 of each item by 3/30/20)

Discounts & Benefits:
- Complimentary Booth with Prime Location Near Entrance

Marketing & Branding Opportunities:
- Your Logo on all “Passport2Health” Vendor Hall Game Cards
- Half Page Advertisement in Event Guide Displayed at Event
- Pre and Post Event Mention on Social Media

Information Distribution:
- Opportunity to do a Session/Demo
- Opportunity to place one items in attendee bags (Must deliver 400 of item by 3/30/20)

Discounts & Benefits:
- Complimentary Booth with Prime Location Near Entrance

Marketing & Branding Opportunities:
- 1/4 Page Advertisement in Event Guide Displayed at Event
- Pre and Post Event Mention on Social Media

Information Distribution:
- Opportunity to place one items in attendee bags (Must deliver 400 of item by 3/30/20)
Looking for a few other options - we’ve got plenty of ways to put your product/service in front of our attendees!

**HOST YOUR OWN SESSION/DEMO:** 4 available at $50 each
We will provide a room with screen and LCD. Bring your laptop and 30 Minute PowerPoint presentation. We will advertise this session in the digital event brochure (if information is provided in a timely manner). You may invite customers and potential customers and discuss your products/services. Contact us to choose your session time (assigned on a first-come, first-served basis).

**COFFEE/WATER SPONSOR:** 4 available at $25 each or $100 for exclusive sponsorship
8.5”x11” signage displayed at coffee/water area. Includes listing in the digital event brochure.

**BAG SPONSOR:** 1 available at $500 (free if donating bags)
Have your logo imprinted in one color on our 400 event bags distributed to all attendees. Your logo will be visible as attendees carry their bag during the entire event! Includes listing in the event brochure.

**RAFFLE SPONSOR:** 2 available for FREE
Donate a raffle basket/item valued at $200 or more. Raffles will be awarded to one winner at 3:30 p.m. and one winner at 6:30 p.m. Includes listing in the event brochure and announcement of donor at time of raffle.

### Digital Advertising

Event brochure will be displayed on a large screen in the Vendor room. In addition, large printed copies will be displayed around the event venue. No printed copies will be provided.

*All advertising must be received via e-mail to anna.park@glastonbury-ct.gov no later than 3/20/20.*

To display your advertisement with the highest quality resolution, we **REQUIRE** that all submitted artwork meet our standards. Ideal formats are high resolution .TIFF, .PNG, .JPEG, or .PDF files. **We DO NOT accept MS Word or PowerPoint documents.** If your art requires alterations or changes after submission or if artwork does not meet the above stated standards, a **MINIMUM** service fee of $50.00 will be applied. You will be contacted first with an option of providing us with new artwork. Please pay attention to the strict size and layout requirements as indicated in the table below.

<table>
<thead>
<tr>
<th>Ad Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Page Printed Color Ad: 8.5” x 11” <em>(portrait)</em></td>
<td>$200</td>
</tr>
<tr>
<td>Half Page Printed Color Ad: 8.5” x 5.5” <em>(landscape)</em></td>
<td>$100</td>
</tr>
<tr>
<td>1/4 Page Ad: 4.25” x 2.75” <em>(portrait)</em></td>
<td>$50</td>
</tr>
</tbody>
</table>
Payment Policy
Payment must be received in order to confirm your space and be eligible for event promotion. Payment is accepted in cash, check (Payable to “Town of Glastonbury – Special Gifts”) or credit card (Mastercard, Visa or Discover). Payment and completed vendor forms can be mailed to:

Glastonbury Parks and Recreation Department
Attention: Passport to Health Wellness Fair
2155 Main Street
Glastonbury, CT 06033

Cancellation Policy
Once an application has been accepted and space has been assigned, any cancelation must be provided in writing to recreation@glastonbury-ct.gov

No refunds will be issued after March 1st.

Vehicles & Parking
In order to maximize parking for event attendees, Vendors will be allowed 1 vehicle (maximum). Parking passes will be issued and vendors must park in the designated areas. Shuttle transportation may be available.

Internet Service
Public Wi-Fi is available in the building and may be used at no additional charge.

Food & Beverage
Vendors are permitted to provide food and/or beverage samples. All samples must be provided in individual containers/packaging and meet Town of Glastonbury Health Department guidelines.

Event Admission
No fee will be charged to the public for attending this event.

Digital Event Brochure
Event brochure will be displayed on a large screen in the Vendor room. In addition, large printed copies will be displayed around the event venue. No printed copies will be provided.

Sustainability
In an effort to reduce the amount of waste generated and maximize the amount of materials recycled, garbage and recycling bins will be available. We encourage vendors to minimize waste as much as possible. Event brochures will be digital and bags provided to attendees will be reusable.

Photos
Photos and/or videos of all vendor spaces and their representatives may be used for marketing purposes including but not limited to: print/digital advertisements, online, and social media.

recreation@glastonbury-ct.gov | 860.652.7679 | www.glastonbury-ct.gov/passport2health
**Vendor & Sponsor Registration**

**A. Vendor Space** (please check one)

<table>
<thead>
<tr>
<th></th>
<th>One Time Slot</th>
<th>Two Time Slots</th>
</tr>
</thead>
<tbody>
<tr>
<td>For-Profit</td>
<td>$75</td>
<td>$100</td>
</tr>
<tr>
<td>Non-Profit</td>
<td>$25</td>
<td>$40</td>
</tr>
<tr>
<td>Virtual Vendor</td>
<td>$25</td>
<td>$40</td>
</tr>
<tr>
<td>Electricity</td>
<td>$40</td>
<td></td>
</tr>
</tbody>
</table>

**B. Sponsorship** (Indicate the number of spots you would like to purchase next to the price)

<table>
<thead>
<tr>
<th>Sponsorship Type</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum Sponsor (2 Available)</td>
<td>x ___</td>
<td>$750</td>
</tr>
<tr>
<td>Gold Sponsor (2 Available)</td>
<td>x ___</td>
<td>$500</td>
</tr>
<tr>
<td>Silver Sponsor (Unlimited Available)</td>
<td></td>
<td>$250</td>
</tr>
<tr>
<td>Raffle Sponsor (FREE, Item Value &gt; $200)</td>
<td></td>
<td>FREE</td>
</tr>
<tr>
<td>Session/Demo Sponsor (4 Available)</td>
<td>x ___</td>
<td>$50</td>
</tr>
<tr>
<td>Coffee/Water Sponsor (4 Available)</td>
<td>x ___</td>
<td>$25</td>
</tr>
<tr>
<td>Bag Sponsor (1 Available, FREE if donated)</td>
<td>$500</td>
<td>FREE</td>
</tr>
</tbody>
</table>

**C. Advertising**

See page 3 for sizing and artwork information

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</thead>
<tbody>
<tr>
<td>Full Page Ad</td>
<td>$200</td>
</tr>
<tr>
<td>1/2 Page Ad</td>
<td>$100</td>
</tr>
<tr>
<td>1/4 Page Ad</td>
<td>$50</td>
</tr>
</tbody>
</table>

**D. Payment Summary**

<table>
<thead>
<tr>
<th>Part Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Space</td>
<td>$</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>$</td>
</tr>
<tr>
<td>Advertising</td>
<td>$</td>
</tr>
<tr>
<td>Grand Total</td>
<td>$</td>
</tr>
</tbody>
</table>

**Payment Information** (Please Mail Payment to):
Glastonbury Parks and Recreation Department
Attention: Passport to Health Wellness Fair
2155 Main Street; Glastonbury, CT 06033

- Check □
- Cash □
- Credit Card # □
- Name on Card □
- Expiration Date | CVC # □
- Billing Zip Code □

I have read and understand the details of the 2020 Glastonbury Health & Wellness Fair - Passport to Health. Being of full age and in consideration of my/my agency participation in this program, I do hereby release and forever discharge the Town of Glastonbury and their agents and employees, their representatives, successors, and assignees, from all claims arising out of any and all personal injuries, damages, expenses and any loss or damage whatsoever resulting or which may result from participation in this program.

Signature: ___________________________ Date: __________

Name (printed): ___________________________ Title: ___________________________