

Tewksbury Board of Health
@ The Tewksbury Senior Center
175 Chandler Street
Tewksbury, MA 01876

Telephone: 978-640-4470

Fax: 978-640-4472

REGISTRATION FORM
Health & Wellness Fair -- Wednesday, April 8, 2015

Name or Agency/Business: _____

Address: _____

Telephone #: _____ Fax #: _____

Contact Person(s): _____ Email Address: _____

Non-Profit (check one) YES NO **IF YES**, please provide your 501 3C #: _____
(or will be charged registration fee)

SPACE: Any special requirements? (i.e., quiet place, etc.) (please list)

Number of Chairs requested: _____

Electrical Outlet Needed: YES NO Is electric needed for demonstration? YES NO
PLEASE NOTE: The Senior Center is **NOT** wi-fi accessible.

Demonstration Needs: _____

Demonstration: Length of time: _____ Sign Up Sheet Needed? _____

Number of people and names of those attending from Agency: _____

Will you have health education literature, handout items (give-a-ways) and/or promotion Material? (please list)

Will you be having a raffle? YES NO **IF YES**, please notify the BOH the day of the event.

Other needs: _____

Return by: MARCH 11, 2015 to: Diane Joy, Board of Health, 175 Chandler Street, Tewksbury, MA 01876

PLEASE NOTE: Registration Form and Fee is required to reserve a table. (Space is limited, and there is usually a waiting list.)

OFFICE USE: Date Received: _____ Check #: _____ Amount: _____