

4th Annual Somerville Council on Aging Health and Wellness Fair

“Mastering the Aging Process”

Registration Form

Please complete the following information if you wish to reserve a space at our fair.

Please return to:

Attn: Suzanne Norton: Health and Wellness Fair Pre-Reg. Form
Somerville Council on Aging
167 Holland St.
Somerville, Ma 02144
617-625-6600
Fax: 617-625-0688

___ I would like to reserve a spot for the 4th Annual Health and Wellness Fair October 16, 2014

*Number of Tables Needed _____

___ I am not able to attend this year. Please save my name for next year.

Sponsorship Levels are as follows:

\$500 Gold Sponsor

\$250 Silver

\$100 Bronze

Less than \$100/Any other contributions will receive a thank you in our flyer.

Please Check One:

I would ___ would not ___ like to be a sponsor at this time.

I am able to contribute \$_____.

Important Contact information:

My Agency Name/Business: _____

Best Point of Contact will be: _____

Best Contact Number is: _____

Email Address: _____

Other Information: _____
