

COMMUNITY IMPACT VENDOR SPONSOR

Dear Vendor,

Childhood obesity is at an all-time high leading to challenges and diseases including type 2 diabetes. With this in mind, the Founder of Picture of Health Foundation, Inc. (POHF) 501(c)(3) tax exempt organization Dr. Donovan Christie MD and President Jacqueline Christie, A.P.R.N., F.N.P.-C, are hosting the 8th Annual Family 5K Bubble Run & Walk and extending a great opportunity to you for you to promote products or services to reach a large number of people by being a Community Impact Vendor Sponsor.

Picture of Health Foundation, Inc. ensures that Community Impact Vendor Sponsorships are mutually beneficial; therefore, opting to select a vendor package will provide great value addition towards community and your company's marketing programs. POHF goals are to involve several hundreds of people to participate in the 8th Annual Family 5K Bubble Run & Walk to encourage regular physical activity, bring awareness and launch a movement for healthier living. With the anticipated level of participation and impact, being a Community Impact Vendor is a win-win.

POHF is excited to connect with you and collectively "be the change." Please complete and submit the following vendor form, and contact Erica Brooks at (770) 265-0168 or sponsors@pohfoundation.org if you have any questions.

Additional details of the 8th Annual Family 5K Bubble Run & Walk can be viewed online via the website at the below link.

http://bit.ly/POHF5K2018

Thank you in advance for your support.

Jacqueline Christie APRN, MSN Certified Family Nurse Practitioner POHF President/Executive Coordinator www.pohfoundation.org



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Snapshot

VENDOR SPONSOR OPTIONS

- > Silver Vendor \$100 Includes one "6" feet vendor table and two chairs
- ➤ Gold Vendor \$250 Includes one "8" feet vendor table and two chairs and banner advertising as a sponsor
- ➤ Platinum Vendor \$500 Includes a tent, two "8" feet tables, four chairs and banner advertising as a sponsor

BENEFITS

- Visibility of your company brand, products and services to hundreds of 5k run and walk participants
- Networking and relationship building with other health and wellness professionals
- Advertisement on the Picture of Health Foundation website
- Community Impact
- POHF, Inc. Partnership opportunities on future events

SET-UP TIME

7:00 AM – 8:00 AM (All vendors must be set up by 8:00 AM at Tucker Middle School.)

TERMS AND CONDITIONS

All vendor fees must be paid prior to the event and only the company listed on the vendor form will be allowed to sell or promote products or services. Vendors must remain set up for the entire event and are responsible for clean-up of their vendor area afterwards. This includes: removing extra flyers, trash or other information left at the vendor booth. POHF does not provide electricity for outside vendors. If electricity is needed, it must be provided by the vendor sponsor. If you are a food vendor, health options are required for the event since the goal is to encourage participants to adopt a healthier lifestyle.

CONSIDERATIONS

In-kind gifts are a great way to promote your product or brand. Each vendor is encouraged (not required) to provide in-kind gifts for participants and/or do drawings giveaways. **Examples include:** water bottles, wrist bands, hand sanitizer, pedometers, free trials gym memberships, free personal training session, free or reduced consultations, healthy snacks, or family friendly items of the company's choosing.

VENDOR FORM

PRIMARY CONTACT INFORMATION Contact Name Contact Title	
Contact Phone Number/Mobile	
COMPANY INFO	
Company Name	
Company Address	
CityState	Zip
Main Phone	Website
What products or services are you offering	ng?
VENDOR PACKAGES □ PLATINUM VENDOR - \$500 • Includes: Tent, 2 tables and 2-3 chairs. □ GOLD VENDOR - \$250 • Includes: 1 table (8"feet table) and 2 chairs Will you be selling? □ Yes □ No	PAYMENT INFORMATION Total \$ Payment By Check (payable to POHF, Inc. Payment by Credit Card Please charge my credit card below Name on card Account Number
Will you have an information only table? ☐ Yes ☐ No Send TO:	Exp Date Card Security code (3-4 Digits)
PICTURE OF HEALTH FOUNDATION 2227 Idlewood Road, Suite#10 Tucker, GA 30084 or	Signature
sponsors@pohfoundation.org	Date
Office . 770-807-7813	

Website: pohfoundation.org