



**St. Aloisius
Medical Center**

SMP Health System

**St. Aloisius Health, Fitness & Safety Fair
“Enriching Every Day”
May 12, 2010**

Booth Application

**Applications also available on our website at
www.staloisius.com (look at the “Upcoming Events” page)**

Business, Club, or Organization: _____

Address: _____

Contact person: _____

Phone #: _____ email _____

___ **YES, we will attend the fair** ___ **NO, we will not attend the fair**

IMPORTANT **One booth space = 4 feet (half of an 8 foot table)**

I need: one booth space ___ two booth spaces ___

Will your booth need electricity? (**booths with electricity are limited**) ___yes ___no

Do you need wall space? (**booths with wall space are limited**) ___yes ___no

Do you have your own table skirt? ___yes ___no

Will you be offering a service at your booth? ___yes ___no

If yes, tell us so we can advertise _____

* Please return your application by April 19, 2010 to Donna Corneliusen,
St. Aloisius Medical Center, 325 East Brewster, Harvey, ND 58341
or email – donnac@staloisius.com.