



## Healthier U Wellness Fair Invitation Letter

To whom it may concern:

The Healthier U Worksite Wellness Program invites you to participate in Wellness Fair 201\_!

Wellness Fair 201\_ promotes awareness of all aspects of wellness to (***Insert Department***) employees. The event gives you an exciting opportunity to share educational information and to provide valuable health and wellness resources through samples, health screenings, hand-outs, and interactive activities.

Wellness Fair is scheduled for (***Insert Date***) from ( \_\_\_\_ a.m. to \_\_\_\_ p.m.) at (***Insert Location Address***).

Exhibitors can include state department programs, non-profit organizations, community organizations and local businesses from the (***Insert City***) region who have helped make a difference in the health of its citizens.

Each exhibitor will have one six-foot table and chair. Once you arrive at (***Insert Room Location***), you will be provided a number which will help you locate where you will be exhibiting for the day. Each table in the rooms will be labeled with your name and a number.

If you need any special accommodations, including access to an electrical outlet, please complete the attached application and e-mail to (***Insert Contact Email***) by (***Insert Deadline Date***). We will contact you once we have finalized all approved exhibitors.

The Healthier U program looks forward to this exciting opportunity to bring together employees and to educate them on the importance of healthy behaviors to prevent disease and improve their lives. We believe that your participation will contribute to the success of this event. If you have any questions, feel free to contact (***Insert Contact Email***).

Thank you in advance for your consideration,

Healthier U



**EXHIBITOR APPLICATION FORM**  
**Wellness Fair 201\_**  
**(Insert Date) from (\_\_\_ a.m. to \_\_\_ p.m.)**

In order to make Wellness Fair 201\_ a success, we want to make sure you are provided the appropriate space, equipment and items for your exhibit. Please complete and return this form to **(Insert Contact Email)** by **(Insert Deadline Date)**.

**You are welcome to promote your goods and services but no sales (exchange of funds) are allowed during Healthier U events on state property.**

<p><b>Organization/Agency/Program:</b></p> <p><b>Contact Name:</b></p> <p><b>Phone Number:</b></p> <p><b>Email Address:</b></p>
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The following items are available to use for your display. Please check item(s) you will need.

\_\_\_\_\_ 6-foot table      \_\_\_\_\_ Electrical Outlet  
\_\_\_\_\_ Number of Chairs      \_\_\_\_\_ Other-please specify:

**Briefly explain what your participation will entail:**

**Description of item(s):**

Parking is available at **(Insert Locations and Prices)**.

You may begin setting up your display at **(Insert Set-Up Time)**. If you require more than 30 minutes to set-up, please let us know. ID is required for security check-in at **(Insert Location Address)**.