REGISTRATION FORM

2008 Fall Family Wellness Fair

Co-sponsored by

Cibola General Hospital and

New Mexico State University-Grants

Organization: _____

Name: _____

Profession / Title: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

___YES, we will participate in the Wellness Fair, Saturday November 15,2008 at NMSU- Grants Branch from 8am to 12pm.

_____ YES NO_____ We are donating a door prize (please describe below.)

REGISTRATION DEAD LINE : FRIDAY, October 31, 2008 5:00 pm. (no late registrations will be accepted)

Register at cibolahospital.com along with **F.A.Q.S**

REQUIREMENTS FOR BOOTH:

_____ Table (s) and Other: _____

_____ Chairs(s)

_____ Electricity

PRESENTATION/EXHIBIT WILL BE:

(List basic demonstrations, tests, procedures, types of materials, etc.)

Booth setup time 11/14/08 Friday 0900-5:00pm