



**Delaware Diabetes Wellness Expo 2009
Sponsor/Vendor Registration Form
Sheraton Dover Hotel, Dover, DE
Thursday, November 12, 2009
9:00 a.m. to 1:00 p.m.**

Name of Vendor Company: _____

Contact Person(s): _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____ Email: _____

What main topics/services will your exhibit cover? (Must be diabetes related; education, resources, supplies, etc.): _____

Please indicate the features of your exhibit:

- Handouts Video Service demonstrations Screenings
 Equipment demonstrations Giveaways Other

* If you wish to sell products or charge for a service, it must be pre-approved by the DE Diabetes Coalition at the time of registration.

Please indicate all screenings/tests your organization would like to provide:

- | | | |
|---|---|---|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Height/Weight/BMI |
| <input type="checkbox"/> Oral Health | <input type="checkbox"/> Eye Exam | <input type="checkbox"/> Body Fat Analysis |
| <input type="checkbox"/> Foot Exam | <input type="checkbox"/> Flu Shots | <input type="checkbox"/> Lifestyle Assessment |
| <input type="checkbox"/> Stress Assessment | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Family Risk-Assessment |
| <input type="checkbox"/> Mental Health/Depression | <input type="checkbox"/> Barriers to Care | <input type="checkbox"/> Other |

The key to the Delaware Diabetes Wellness Expo is interaction with attendees. Please describe any interactive activity or demonstration that you would like to promote or equipment you will be using (i.e. physical activities, healthy cooking demonstrations).

* Please see reverse side for payment information.

Registration Fees:

<input type="checkbox"/> Gold Sponsor	\$2500
<input type="checkbox"/> Silver Sponsor	\$1000
<input type="checkbox"/> Bronze Sponsor	\$ 500
<input type="checkbox"/> Exhibitor	\$ 250
<input type="checkbox"/> Non-Profit Exhibitor	\$ 100
<input type="checkbox"/> Electricity	\$ 50

= _____ TOTAL ENCLOSED PAYMENT

(exhibitor fees are included for sponsors)

Please make checks payable to:

Delaware Diabetes Coalition
C/O Wheeler & Associates
1001 S. Bradford Street, Suite 9
Dover, DE 19904

Questions? Please call Betsy Wheeler, Executive Director at 302.744.9267 or email
betsy@managetool.com.

Delaware Diabetes Coalition
1001 S. Bradford Street, Suite 9
Dover, DE 19904
Phone: 302.744.9267 Fax: 302.744.9287 Email: betsy@managetool.com
Website: www.dediabetescoalition.org