



# Health Fair Vendor Registration Form

**Event Details:**

843-560-9054 | info@lhng.org | lhng.org

Please ensure to select (✓) which event(s) you are completing vendor registration for or you can check both

Event Name: Walk for Cancer Community Awareness and Health Fair

Date: Saturday, May 30, 2026

Time: 9am-4pm

Location: North Charleston Sports Complex

1455 Monitor St., North Charleston, SC 29405

Event Name: October Festival and Health Fair

Date: Saturday, October 31, 2026

Time: 9am-5pm

Location: Felix Piinckney Community Park

4764 Hassell Ave, N. Chas., SC 29405

**Vendor Information:**

Business/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website/Social Media (if applicable): \_\_\_\_\_

**Booth Information:**

Type of Vendor (Check one):

Health & Wellness Services

Educational/Informational

Food & Beverage (Restrictions may apply)

Retail (Health-related products)

Other (please specify): \_\_\_\_\_

Brief Description of Booth/Services:

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**Special Requests:**

Do you need electricity?  Yes  No

Do you need a table and chairs?  Yes  No

Any additional requirements? \_\_\_\_\_

**Terms & Conditions:**

- Vendors must arrive at least 60 minutes before the event for setup.
- All vendors are responsible for cleaning their booth area before leaving.
- Any sales or promotions must comply with local regulations.
- The event organizers reserve the right to refuse or remove vendors who do not comply with event policies.

**Agreement & Signature:**

I, \_\_\_\_\_, agree to abide by the rules and regulations set forth by the event organizers. I understand that my participation is subject to approval.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission Instructions:** Please return the completed form by April 03, 2026 to: info@lhng.org