



*Annual Amputees Helping Amputees
Health Fair & Picnic*

Vendor/Corporation Registration Form

August 28, 2010

Noon - 5 p.m.

Set-Up 10 a.m.

Organization: _____

Contact Name: _____

Address: _____

City, State, Zip _____

Phone Number: _____

Email: _____

Topic of information to be displayed: _____

Plans for giveaways, door prizes, etc: _____

Please indicate if and how many needed:

Tables: _____

Chairs: _____

PLEASE RSVP by August 1st

Over 150 attendees expected

Any questions please contact:
Scarlett Schall, RN 410-535-8210
or email: sschall@cmhlink.org

Please make checks payable to: CMH Foundation

Note: AHA in the Memo

Credit Card Payers

Name on Card: _____

Card Number: _____

Expiration Date: _____ SEC Code: _____

Please mail to: AHA c/o CMH Foundation, PO Box 2127, Prince Frederick, MD 20678
Or Fax: (410) 535-8397