

Cerrone Providence Half Marathon

Health & Fitness Expo Mile Marker Advertising Bag Stuffing Order Form

Please fill out contact information section of the form, indicate your level of participation, sign bottom of form and mail in with your payment.

Name (Please Print) _____ Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Day Telephone () _____ Fax () _____

e-mail _____ Web _____

Health & Fitness Expo

2004 Health & Fitness Fair

Saturday, September 25th from 12pm to 6pm

Rhode Island Convention Center, Providence, RI

Please Reserve _____ exhibitor space(s) with an 8 ft. table at \$150. Total \$ _____

Please Reserve _____ exhibitor island(s) with 2 8 ft. tables at \$300. Total \$ _____

Electricity and telephone are available for a nominal fee. Order forms on request.

Product or service to be exhibited, displayed, sold or distributed: _____

Mile Marker Advertising

For maximum outdoor exposure, advertise your company name on any of the 13 mile markers on the half marathon course. The markers are available at \$100 each on a first come first served basis.

Please reserve _____ mile marker(s) at \$100. Total \$ _____

Name of Company to be displayed on mile marker _____

Bag Stuffing

We will stuff your flyer, coupon or sample into runner packets along with their official number and t-shirt for \$100. (Approximately 2000 items to be provided by Sept. 12)

Please reserve _____ space(s) in packets @ \$100 per item. Total \$ _____

What will you be including in the packet: _____

Signature _____ Date _____ Total \$ _____

Payment to Providence Half Marathon. Send to: Providence Half Marathon, PO Box 40718, Providence, RI 02940. More info: (401) 885-4499 or info@providencehalfmarathon.com

