

**24TH
ANNUAL
PORTAGE
SENIOR
HEALTH
FAIR**

You're invited to participate in the 24th Annual Senior Health Fair:
Presented by the Mayor's Senior Advisory Committee

WHO

- **Area agencies, organizations and community groups serving seniors**

WHEN

- **Tuesday, May 19, 2026 10 am-1 pm**

WHERE

- **Woodland Park, Oakwood Hall
2100 Willowcreek Rd., Portage**

DETAILS

- **Registration received by Tuesday 4/28/26**
- **\$75 vendor fee per table**
- **Sponsorship Opportunities available**
 - **Platinum, Gold, Silver, Bronze**
- **Set-up begins 5/18 3:30-5p 5/19 at 7:30 am**
- **Booths may not be dismantled before 1 pm**
- **Provide health screenings, wellness programs, recreation, advocacy, door prize or giveaways, games, marketing materials and/or self-development opportunities**
- **Provide a HEALTHY, PACKAGED SNACK at your table**

For more info :

Call 219.764.5741 or email nlaboy@portage-in.com



Mayor's Senior Advisory Health Fair
 Tuesday, May 19, 2026 from 10:00 a.m. to 1:00 a.m.
 Oakwood Hall, Woodland Park Community Center
 2100 Willowcreek Rd., Portage, Indiana

VENDOR/SPONSOR REGISTRATION

Company: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Circle Your Level		Commercial/ Speaking Opportunity at Event	Logo on all Promotional Material	Name Recognition on Promotional Material at Event	# of Booth Spaces
Platinum	\$1000	✓	✓	✓	2
Gold	\$500		✓	✓	1
Silver	\$250		✓	✓	0
Bronze	\$100			✓	0
Vendor Only	\$75				1

VENDORS ONLY

Electricity, if available (first come, first served) Yes _____ No _____

Health Screening Yes _____ No _____

Type of Health Screening* _____
 (i.e. vision, hearing, blood pressure, etc.)

Will you be providing a healthy snack at your table? Yes _____ No _____

Hold Harmless Agreement

I will clean my hands frequently with hand sanitizer, and for all invasive screenings involving exposure to blood or other body fluids, all screeners will use Universal Precautions, including wearing a new, clean pair of gloves for each separate screening. _____ (Initial to Acknowledge)

I, _____ do hereby certify that I have read the rules and regulations and will not hold the City of Portage/Portage Park Department/Mayor's Senior Advisory Committee liable for any injuries and/or damages before, during or after the event.

Signature

Date

Mail Completed form to:

City of Portage - Senior Health Fair, 6070 Central Ave., Portage, IN 46368

Checks made payable to: City of Portage-Senior Advisory Committee

Credit Card payments via online portal (Scan QR code) or

<https://pay.paygov.us/EndUser/PaymentAgency.aspx?ttid=23148>

Registration Deadline: April 28, 2026

