

**FIESTA 2009
HEALTH AND WELLNESS VILLAGE
APPLICATION**

Name of Organization _____

Are you a 501(c)3 Organization? Yes No

Services Provided _____

Contact Person/Title _____

Address _____

Phone _____

Fax _____

E-mail _____

Names of individual (s) who will be working at your booth:

_____	_____
_____	_____
_____	_____

Name of person in charge on site during festival (if different from contact provided above) _____

Please return the completed form to:

Edwina Taylor
5099 Caldwell Mill Rd
Birmingham, AL 35242
Phone: (205) 991-8771
E-mail: edwina@cahabavalleyhealthcare.org

Please make the check payable to: Fiesta

- Non-Profit Rate - \$150.00**
- For Profit Rate (contact Fiesta for details)**