

INVOICE

Summit County Health District
Healthy Homes & Lead Poisoning Prevention Program
PHONE: (330) 375 – 2077
FAX. No. (330) 375 - 2655

Your Organization/Business Name

Invoice No. 03/31/11

2011 Healthy Baby Fair & Family Expo
October 22, 2011
John S. Knight Convention Center

ORG/BUSN

EVENT CONTACT

Contact Phone

Contact Email

Check Your Selection:

<input type="checkbox"/> Title Sponsor	\$5000.00
<input type="checkbox"/> Platinum Sponsor	\$3500.00
<input type="checkbox"/> Gold Sponsor	\$2000.00
<input type="checkbox"/> Media Sponsor	\$2500.00
<input type="checkbox"/> Patron Sponsor	\$ 500.00

Extras Description

<input type="checkbox"/> easels (\$7.00 each)	\$ _____
<input type="checkbox"/> stanchions (\$6.00 each)	\$ _____
<input type="checkbox"/> electricity	\$ 52.
<input type="checkbox"/> internet, wireless	\$ 0.
<input type="checkbox"/> folding chairs	\$ 0.

Make Check Payable to West Akron Kiwanis by July 31, 2011

Total Amount \$ _____

**Check here if you are bringing your own table covers
(number that will be brought: _____)**

(Please mail your OH Dept. of Taxation Vendor's License Record if you are selling items.)

Mail to:

West Akron Kiwanis
c/o C. Beynon, Treasurer
352 Greenwood Ave.
Akron, OH 44320

Note: The W.A.K. Federal Tax I.D. Number is 34-6543704.

Note: Exhibit spaces do not include signage.

YOUR RSVP INVOICE by FAX to 330/375-2655 EVENT COORDINATOR is appreciated.