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| Fairfield County Safety Council – Safety Fair NEW LOCATION!!! Fairfield County Workforce Center  4465 Coonpath Road NW, Carroll, Ohio 43112  **When**: Tuesday, March 5, 2024  **Time:** 11:30am to 1:00pm (*All vendors will get a 6’ table, provided by the safety council)*  **Vendor Setup time:** 10:00a.m. All vendors must be set up by 11:00 a.m. to accommodate early arrivals. (*Lunch will be provided to all vendors and attendees)*  **Please send completed and signed form to**: [cheryl@lancoc.org](mailto:cheryl@lancoc.org)  **by Friday, February23, 2024**  If you have any questions regarding the safety fair, please contact Cheryl Barber at 740-653-8251.  Business Name: | |  |  |
| Contact Person Name |  | | |
| Street Address |  | | |
| City |  | | |
| State, Zip Code |  | | |
| Work Phone/Cell Phone # |  | | |
| E-Mail Address (required) |  | | |

## Electricity is VERY limited in the warehouse area. If you ABSOLUTELY need electric, please email [cheryl@lancoc.org](mailto:cheryl@lancoc.org) to see if you can be accommodated.

## Person to Notify in Case of an Emergency

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| --- | --- |
| Name |  |
| Street Address |  |
| City, State, Zip Code |  |
| Cell Phone # |  |
| Work Phone # |  |
| E-Mail Address |  |

## Door Prizes: If you choose to offer a door prize, registrations will be taken at your table. You may choose to draw your winner at 12:30 and bring the name of your winner, the name of your business and the prize they won to the registration table. We will announce the winners and ask them to pick up their prize at your table. If your winner is not present, please contact them to arrange pick up from you. You will need to supply a registration box as well as entry forms, as all attendees may not have business cards.

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a vender, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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| Name (printed) |  |
| Signature |  |
| Date |  |