

**THURSDAY, NOVEMBER 21, 2024**  
**9 a.m. to 1 p.m.**

# HEALTH & WELLNESS EXPO



*16th Annual Expo*

**FREE PUBLIC EVENT**  
**WILL BE HELD AT:**

Hudson First United Methodist Church  
13123 US 19, Hudson, FL 34667

**OVER 40 LOCAL VENDORS!**

- **FREE Health Screenings**
- **Health Specialists**
- **Equipment & Supplies**
- **Community Resources**
- **Caregiver Information**
- **Flu Shots**

PRESENTING SPONSOR:  
 **BayCare**

PRIMARY SPONSOR:



## PROCEEDS BENEFIT CARES SENIOR HEALTH CLINIC

CARES Senior Health Clinic is now serving over 900 patients who are 55 years and older, low income, and uninsured. Most of our clients are working-class people with nowhere to turn for medical help. The CARES Free Senior Health Clinic is staffed by volunteer medical professionals, and funded through the generosity of private and corporate donors.



**FOR FURTHER INFORMATION, PLEASE CONTACT:**

Lesa Burnham, 727-844-3077 [lburnham@caresfl.org](mailto:lburnham@caresfl.org) Pam Jacobson, 727-267-0068 [Pam41j@gmail.com](mailto:Pam41j@gmail.com)

Lori Ventura, 727-270-1323 [lventura@caresfl.org](mailto:lventura@caresfl.org) Gisela Dalnoky, 727-505-7967 [Gdalnoky@caresfl.org](mailto:Gdalnoky@caresfl.org)



## TO CARES SENIOR HEALTH CLINIC FRIENDS AND SPONSORS,

**The 16<sup>th</sup> ANNUAL CARES HEALTH & WELLNESS EXPO will be on Thursday, November 21, 2024.**

We invite you to partner with us in this meaningful event to connect and inform seniors in Pasco County of *your important health services*. Proceeds will Benefit CARES Senior Health Clinic, now serving over 1200 patients who are 55 years and older, low income, and uninsured. Most of our clients are working-class poor with nowhere to turn for medical help.

**THE EVENT IS FREE AND OPEN TO THE PUBLIC!** In years past we have been very successful drawing an attentive crowd who engage with the vendors for information about their products and services. Our loyal attendees are engaged and interested in learning about their health resources. Based on our post-event surveys, our expo consistently scores a very high satisfaction rate among our vendors.

**WE OFFER MANY SPONSORSHIP LEVELS WITH VARYING BENEFITS.** Please see the attached list of opportunities. Presenting Sponsors can enjoy industry exclusivity and full marketing exposure if their application is received by October 10<sup>th</sup>.

**Thank you for supporting CARES Senior Health Clinic and the people we serve. This annual event is a primary source of donations for our non-profit, volunteer driven mission. Your participation will help provide limited primary health services to people in need in our community and you will benefit from exposure to this well- attended and well-established event.**

Sincerely,

Gisela Dalnoky, RN

Director CARES Senior Health Clinic

## FOR ADDITIONAL INFORMATION PLEASE CONTACT:

Lesla Burnham [Lburnham@caresfl.org](mailto:Lburnham@caresfl.org) (727) 844-3077

Pam Jacobson [Pam41@gmail.com](mailto:Pam41@gmail.com) (727) 267-0068

Lori Ventura [Lventura@caresfl.org](mailto:Lventura@caresfl.org) (727) 270-1323

Gisela Dalnoky [Gdalnoky@caresfl.org](mailto:Gdalnoky@caresfl.org) (727) 505-7967



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 BENEFITS CARES Senior Health Clinic **9 a.m. to 1 p.m.**

**HEALTH & WELLNESS EXPO**

PRESENTING SPONSOR:  PRIMARY SPONSOR:  Hudson First United Methodist Church  
 13123 US 19, Hudson, FL 34667

**16<sup>th</sup> Annual CARES Health & Wellness Expo**  
**PARTICIPANT REGISTRATIONS & FEES**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> \$5,000 PRESENTING Sponsor  | <input type="checkbox"/> 2,500 PREMIERE Sponsor | <input type="checkbox"/> \$1,000 PRIMARY Sponsor      |
| <input type="checkbox"/> \$500 TITLE Sponsor   | <input type="checkbox"/> \$200 Exhibitor Only   | <input type="checkbox"/> \$150 Exhibitor - Non Profit |
| Business Name:   |   |   |
| Business Address:  |   |   |
| City:  | State:  | Zip:  |
| Contact Person:  |   | Phone:  |
| Email:   |   |   |
| Business Type/Service Description:   |   |   |
| Will you require electricity? <input type="radio"/> YES <input type="radio"/> NO                     |   |   |
| Will you require additional space for screenings? <input type="radio"/> YES <input type="radio"/> NO |   |   |
| If yes, what type of screenings:   |   |   |

**Vendors are asked to provide their own table coverings and a door prize/gift basket with a minimum \$25.00 value.**

Please make checks out to CARES Senior Health Clinic. Mail check and form to:  
 CARES Senior Health Clinic | 6640 Van Buren Street | New Port Richey, FL 34653  
 To pay by credit card call Pam, Lori or Gisela (see below).

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**Participation Agreement**

- This is a non-refundable rain or shine event.
- At the conclusion of the event, participants shall remove all supplies, materials and trash from their assigned area.
- CARES reserves the right to exclude or deny admission to any participant and/or vendor found to have questionable or unacceptable merchandise or services. This may include, but not limited to, guns, ammunition, knives, X-rated or explicit sexual material.

**Waiver and Release of Liability**

In consideration of the risk of injury while participating at CARES Health and Wellness Expo (The “Event”), and as consideration for the rights to participate in the Event, I hereby, for myself, administrators, assigns, or company representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights claims or causes of action of any kind whatsoever arising out of participation of the Activity, and do hereby release and forever discharge Community Aging and Retirement Services, Inc., dba CARES, their Board members, affiliates, managers, and staff, for any physical or psychological injury, including death, damages, economical loss that may be suffered as a result of participation in the aforementioned Event.

Name of Participating Company (Please PRINT): \_\_\_\_\_

Company Representative (Please PRINT): \_\_\_\_\_ Representative Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**THIS SECTION FOR CARES ADMINISTRATIVE USE ONLY**

Amount Paid: \_\_\_\_\_ Paid by:  CASH  CHECK  CREDIT CARD

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participating Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVN: \_\_\_\_\_