

Sponsorship/ Partnership/ Health Fair Participation Request Form

Name _____

Organization _____

Contact information & best way to contact you _____

Cost to Halifax Health _____

Benefit(s) to Halifax Health _____

Sponsorship/ Partnership/ Health Fair details _____

Deadline for entry/ commitment _____

Additional information _____

We will contact you within two weeks of your submission date. Please submit requests at least one month prior to commitment deadline.

Fax or email this form to Marketing Communications:
FAX: 386.248.1712; EMAIL: dai.durrance@halifax.org

Thank you for your interest in partnering with Halifax Health!