

**2013 Polish American Association
Health Fair
Participation Agreement
October 17, 2013**

at the White Eagle Banquets & Restaurant
6839 N. Milwaukee Ave., Niles, IL 60714

Company/Organization Name _____

**will participate at the Polish American Association Health Fair on October 17, 2013
at the following level:**

- ☐ **Sponsor** **\$1,000**
- ☐ **Exhibitor** **\$500**
- ☐ **Recruiter** **\$250**

Please respond by July 31, 2013, by returning this form and payment to:

**Polish American Association
Health Fair 2013
3834 N. Cicero Ave.
Chicago, IL 60641**

You may secure your participation at the CNA Job Fair in one of the three ways:

- Send checks payable to the Polish American Association;
- Pay by Credit Card online at www.polish.org/healthfair;
- Pay by completing the form below and sending it to the above address:

Charge my ☐ Visa ☐ MasterCard for the amount of: _____

NAME ON CREDIT CARD (no debit cards accepted): _____

ACCOUNT NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE CONTACT: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

Health Fair contributions to the Polish American Association, a nonprofit 501(c)(3)
organization, are tax deductible to the extent allowed by law.
Our tax ID number is 36-2240816.

Please contact **Elzbieta Zaworski**, Donor Relations Director, at 773-427-6311 or via
email: Elzbieta.Zaworski@polish.org with any questions.