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**To:** 2017 Health Fair Participants  
**From:** Margie Dumas, Health Fair Chair  
**CC:** Jarriet DeWitt, Health Fair Assistant  
**Re:** *19<sup>th</sup> Annual BFHWA Health Fair-Saturday, March 25, 2017*  
*8:00 am – 12:30 pm at North High School (Please note change of time)*

The Black Family Health and Wellness Association Inc. (Tax I.D. #47-0834701) is pleased to announce the date of the 18th Annual Black Family Health Fair. The event is scheduled for **Saturday, March 25, 2017 from 8:00 a.m. to 12:30 p.m. at North High School 4410 North 36<sup>th</sup> Street (36<sup>th</sup> & Ames)**. The purpose of the event is to provide health screening and education to increase awareness of issues affecting residents of the Omaha community with an emphasis on African American families.

We would like to extend an invitation to your organization first to reserve space at the health fair. If you are interested, please complete and send (e-mail, fax, or mail) the application along with **payment of \$60.00 per table** to **Black Family Health and Wellness Association – P.O. Box 111393-Omaha, NE 68111** before Friday, March 3, 2017. After this date the charge will be **\$80.00** per table up to the final deadline of Friday, March 10, 2017. You will be notified the week of the March 19<sup>th</sup> regarding set-up arrangements to take place on Friday, March 24<sup>th</sup> and parking instructions for the health fair. If you wish to fax your application and a company invoice in by the deadline please fax me at (402) 715-4177. **Please note if you are a screener the table registration fee is waived, however, we must still have your registration form for contact information.** Please forward any forms that must be completed for payment processing to [info@bfhwa.com](mailto:info@bfhwa.com) or fax to (402) 715-4177.

**To register for the health fair please:**

- Complete form and fax to (402) 715-4177
- Send payment to Black Family Health and Wellness, Association
  - PO Box 111393, Omaha, NE 68111
  - Please include a copy of the Vendor application form
- I will e-mail confirmation of application and/or payment at the end of each week.
- If you need a W-9 form to process payment, please indicate by e-mail or write it on your vendor form.

To maintain the family focused atmosphere, the Association asks that **no selling** of any kind take place. If you have questions, feel free to contact me at (402) 321-6743 cell, (402) 715-4161 work or email me at [info@bfhwa.com](mailto:info@bfhwa.com)

**[www.bfhwa.com](http://www.bfhwa.com)**