

SATURDAY, MAY 20TH 10AM - 3PM RAIN OR SHINE

Please submit form with payment

NO LATER THAN APRIL 20th to:

OceanCares Foundation
Mental Health and Wellness Fair
40 Bey Lea Rd. Building A, 2nd Floor
Toms River, NJ 08753

Questions? Please contact Lisa Mulhearn at 908-770-2387, Imulhearn@brightharbor.org or visit BrightHarbor.org

SPONSORSHIP LEVELS	Anchor of Support	Beacon of Light	Direct Support	Connect for a Cause	Crest of Care	Path to Wellness
	\$5,000+	\$3,000+	\$2,000+	\$1,000+	\$500+	\$250+
Named event sponsor - signage, promotional material	₫					
High traffic, featured complimentary vendor booth available to sponsor**	4	(1)				
Verbal spotlight recognition	4		₹			
Company logo on entrance banner	A		Q	Q	4	
Complimentary vendor booth available to sponsor*	A	4	∅	4	4	A
Logo on event t-shirt worn by staff and volunteers	A	4	∅	4	4	A
Complimentary event t-shirts	20	15	10	8	6	4
Logo prominently placed on our website (event page) and social media	A	Q	4	(3)		A
Social media recognition including sponsorship announcement	₹	4	€	4	₩	
Collateral included in gift bags (collateral provided by sponsor)	A		Q	₹		
Recognition with logo on schedule of events handout	4	₹	4	Q		₩
Sponsor recognition in event E-Blast	Direct Link	Direct Link	Logo	Logo	Name	Name

^{**} This space allows the Sponsor to have two (2) tables; sponsor to supply own table, 6ft.max. each and chairs. Please see additional vendor rules and requirements.

^{*} Sponsor to supply own table 6ft.max. and chairs. Please see additional vendor rules and requirements.



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SPUNSUR VENDUR INFURMATION	By participating as a vendor at the 2023 OCF Mental Health & Wellness Fair on			
Company Name:	Saturday May 20th from 10am - 3pm, I hereby agree to the following:			
Contact Person:	, , , , , , , , , , , , , , , , , , ,			
Items or Services to be sold/marketed (please describe):	• I will provide a certificate of insurance in advance listing general liability and naming OceanCares/OceanMHS/Bright Harbor Healthcare as an additional insured. Certificate			
	can be faxed to 732-269-1432 or emailed to lmulhearn@brightharbor.org			
Address:	I will bring my own table 6ft. Long max. and chairs.			
City, State, Zip:	I will set up my own table in my assigned area, to be determined by OceanCares.			
	I will transport, assemble, dismantle and remove my own display equipment.			
Email:	I will enter the vendor area through the designated entrance.			
Phone:	I will clean my area of garbage and take it with me when the event is over.			
PAYMENT OPTIONS	• If I plan to bring a portable tent in addition to my table I will inform OceanCares prior to the event. Tents must be no larger than 10ft. X 10ft.			
 Enclosed is a check for vendor space in the amount of \$100 made payable to the OceanCares Foundation. 	• I understand that the OceanCares Foundation reserves the right to deny applications or prohibit any exhibit not in character with their mission.			
I am eligible for a complimentary vendor space as a Mental Health and	of profiled any exhibit not in character with their mission.			
Wellness Fair Sponsor (please select sponsorship level below). ☐ Anchor of Support ☐ Beacon of Light ☐ Direct Support ☐ Connect for a Cause ☐ Crest of Care ☐ Path to Wellness	Waiver: My company and I agree that when I participate in the OceanCares Foundation 2023 Mental Health and Wellness Fair , I do so at my own risk. In consideration for participating in the Event and for other good valuable consideration, receipt of which is			
I am unable to participate, but please accept my donation of \$ to join the Stigma Free Movement.	participating in the Event, and for other good valuable consideration, receipt of which is herby acknowledged, my company and I hereby release and forever hold harmless Traders Cove Marina, the OceanCares Foundation, Ocean Mental Health Services/Bright Harbor Healthcare and their directors, officers, employees, agents and volunteers, and their heirs, successors, assignees, and personal representatives from any liabilities, losses,			
● Please charge my ■ VISA ■ Mastercard ■ Discover ■ AMEX for the amount of \$ CC#■■■■■■■■■■■■■■■■■■■■■■■■■■■■■				
	costs, expenses, damages or injuries whatsoever, sustained by me, anyone in my			
Signature	company, or my property and equipment, in connection with the Event.			
By signing this document, I agree to all of terms and conditions of the waiver and indemnifications above my signature. UNSIGNED ENTRIES WILL NOT BE ACCEPTED.				
Signature	Date			