



OCEAN CARES
FOUNDATION

Mental Health AND Wellness FAIR
at Traders Cove Marina, Brick, NJ

SATURDAY, MAY 21ST
10AM - 3PM
RAIN OR SHINE

Please submit form with payment

NO LATER THAN APRIL 22nd to:

OceanCares Foundation
Mental Health and Wellness Fair
218 Main St. - Toms River, NJ 08753

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

SPONSORSHIP LEVELS

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



OCEANCARES
FOUNDATION
Mental Health AND Wellness FAIR
at Traders Cove Marina, Brick, NJ

SATURDAY, MAY 21ST
10AM-3PM
RAIN OR SHINE

Please submit form with payment
NO LATER THAN APRIL 22ND to:

OceanCares Foundation
Mental Health and Wellness Fair
218 Main St. - Toms River, NJ 08753

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

SPONSOR/VENDOR INFORMATION

Company Name:

Contact Person:

Items or Services to be sold/marketed (please describe):
.....

Address:

City, State, Zip:

Email:

Phone:

VENDOR RULES AND REGULATIONS

By participating as a vendor at the 2022 OCF Mental Health & Wellness Fair on Saturday May 21st from 10am - 3pm, I hereby agree to the following:

- 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
- I will bring my own table 6ft. Long max. and chairs.
- 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.
- I will enter the vendor area through the designated entrance.
- I will clean my area of garbage and take it with me when the event is over.
- 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.
- I understand that the OceanCares Foundation reserves the right to deny applications or prohibit any exhibit not in character with their mission.

Waiver: My company and I agree that when I participate in the OceanCares Foundation 2022 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 hereby 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, costs, expenses, damages or injuries whatsoever, sustained by me, anyone in my company, or my property and equipment, in connection with the Event.

PAYMENT OPTIONS

Enclosed is a check for vendor space in the amount of \$100 made payable to the OceanCares Foundation.

I am eligible for a complimentary vendor space as a Mental Health and 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

I am unable to participate, but please accept my donation of \$_____ to join the Stigma Free Movement.

Please charge my VISA Mastercard Discover AMEX
for the amount of \$_____

CC# _____ EXP. Date ____/____ CSC _____

Signature _____

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 _____