HEALTH & FITNESS FAIR

EXHIBITOR & HEALTH SCREENING APPLICATION

HOSTED BY: NAMI Delaware (National Alliance on Mental Illness) & SUN Behavioral Delaware

JOIN US IN GEORGETOWN

Saturday, September 12, 2026

10:00 AM - 2:00 PM

Sun Behavioral Delaware, Georgetown, DE

Outdoor event • Rain or shine

Exhibitor setup begins at 8:00 AM

All exhibitors ready by 9:30 AM

SPACE IS LIMITED - APPLY EARLY

HELP DELAWARE LIVE WELL

We are seeking healthcare providers, wellness organizations, fitness professionals, nonprofits, government agencies, and community partners to provide screenings, demonstrations, education, and resources.

WHAT TO BRING

Your own table, chairs, tent/canopy, staffing, marketing materials, supplies, and giveaways.

ORGANIZATION INFORMATION

Organization Name

Contact Person

Title

Phone

Email

Address

Website

Primary contact preference: ☐ Email ☐ Phone

Complete page 2, sign the agreement, and return both pages to NAMI Delaware.

PARTICIPATION DETAILS

NAMI Delaware
National Alliance on Mental Illness

HOSTED BY: SUN Behavioral Delaware

PARTICIPATION TYPE (check all that apply)

- ☐ Health Screening Provider
- ☐ Healthcare Organization
- ☐ Mental Health Organization
- ☐ Fitness / Wellness Provider
- ☐ Nonprofit Organization
- ☐ Government Agency
- ☐ Other:

HEALTH SCREENINGS OFFERED (check all that apply)

- ☐ Blood Pressure
- ☐ Glucose
- ☐ Cholesterol
- ☐ BMI
- ☐ Vision
- ☐ Mental Health Information
- ☐ Other:

DEMONSTRATION OR ACTIVITY

Will your organization provide a demonstration or activity?

☐ Yes ☐ No

If yes, describe the activity and approximate length:

SPACE REQUIREMENTS

- ☐ 10 x 10 foot space
- ☐ Additional space needed

Please specify additional space, access, or accommodation needs:

AGREEMENT

Iunderstand thatthisis an outdoor, rain-or-shine event. My organization is responsible for providing all necessary equipment, staffing, setup, supplies, and materials; for securing its tent/canopy; and for staffing its space throughout event hours. Participation is subject to confirmation by NAMI Delaware.

Authorized Signature

Date

SUBMIT: engage@namide.org | Questions: (302) 427-0787 | namidelaware.org