



Triangle Asthma Coalition  
(Formerly Wake County Asthma Coalition)  
Wakeasthma.org

January 15, 2017

Re: Invitation to Exhibit

We are inviting you to be an exhibitor at **The Asthma Fair** on **Saturday, May 6, 2017**, from 9:00 am to 12:30 pm at the Andrews Center on the WakeMed campus, 3024 New Bern Ave., Raleigh, NC 27610.

This event is provided by the Triangle Asthma Coalition (formerly Wake County Asthma Coalition) for the purpose of helping families with asthmatic children and/or adults learn how to “Take Control” of their Asthma.

We encourage vendors of ALL types to exhibit. We are encouraging all vendors to donate a door prize for our participants.

Please respond by faxing or emailing the enclosed Exhibitor Agreement, Reservation and Registration Form to the attention of **Sue Hardee at 919-844-2802** or **sue@activehealthcare.com** by **March 15**.

Payments are due no later than **April 1**.

Make checks payable to: *Wake County Medical Society Community Health Foundation (WCMSCHF) (a 501c3 nonprofit)*  
(with reference to **the Asthma Fair**)

Mail to: Active Healthcare  
Attn: Sue Hardee – TAC Vendor Registration  
9104 Falls of Neuse Road, Suite 100  
Raleigh, North Carolina 27615

The tax identification number is: 56-2205175.

Please contact Lisa, 919-870-8600 x 21 if you have any questions. Thank you for your consideration.

Sincerely,

*Lisa Feierstein*

Lisa Feierstein, RN, BSN, MBA  
President, Active Healthcare, Inc.  
Leadership Board of TAC (Formerly WCAC)



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**EXHIBITOR LETTER OF AGREEMENT**

**Return Address:** Active Healthcare  
Attn: Sue Hardee – TAC Vendor Registration  
9104 Falls of Neuse Road, Suite 100  
Raleigh, NC 27615

**Exhibiting Information:** The Asthma Fair

**Exhibit Date:** Saturday, May 6, 2017 9:00 am – 12:30 pm

The exhibit fee for a for-profit company is **\$200**  
The exhibit fee for a nonprofit company is **\$0**

Reservations are due **March 15** and payments are due by **April 1**.

**MAKE CHECK PAYABLE TO:** WCMSCHF, Tax ID # 56-2205175.

I, \_\_\_\_\_, do hereby agree to exhibit at the conference, *The Asthma Fair*, with the above mentioned stipulations.

Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Name (please print); \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number: Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Signature: \_\_\_\_\_

Exhibits must be in place by 8:00 am on Saturday, May 6, 2017 and encouraged to remain until 12:30 pm. Set up can begin at 7:00 am the morning of the conference.

*Please do not plan to affix any banners or signs to walls.*