

# Health Fair Participation Confirmation

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

Recipient Name  
Recipient Address  
City, State, Zip Code

Dear [Recipient Name],

We are pleased to confirm your participation in the upcoming Health Fair scheduled for [Date of Health Fair] at [Location]. Your involvement will be invaluable in promoting health and wellness in our community.

Please find the details of your participation below:

- **Booth Number:** [Booth Number]
- **Time:** [Start Time] to [End Time]
- **Setup Time:** [Setup Time]

We appreciate your commitment and look forward to a successful event. If you have any questions, please do not hesitate to reach out to us at [Contact Information].

Sincerely,  
[Your Name]  
[Your Title]  
[Organization Name]  
[Contact Information]