

Health Fair Participation Registration

Date: _____

To: [Local Organization Name]

Address: [Organization Address]

Dear [Organization Contact Name],

We are pleased to invite your organization to participate in our upcoming Health Fair scheduled for [Date] at [Location]. This event aims to promote health awareness and provide valuable resources to our community.

Please find the registration details below:

- **Event Date:** [Event Date]
- **Location:** [Event Location]
- **Time:** [Start Time] to [End Time]
- **Booth Size:** [Size] (if applicable)
- **Registration Fee:** [Fee Amount] (if applicable)

To confirm your participation, please complete the registration form attached and return it by [Registration Deadline]. Space is limited, so we encourage you to register as soon as possible.

Thank you for considering this opportunity to engage with the community and promote health initiatives. We look forward to your positive response.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]