

MAY IS MENTAL HEALTH MONTH

RESOURCE FAIRS

Perris City Hall, Front Lawn
May 5, 11 am - 3 pm

Fairmount Park in Riverside
May 24, 1 pm - 5 pm



www.rcdmh.org/mimhm

The *Live Life Well* Mental Health Fairs draw crowds of thousands of community members each year and have enjoyed increasing success and visibility over the past years, thanks to the creativity and dedication of Riverside University Health System employees, volunteers, participating exhibitors. Since 1949, Riverside County has joined with Mental Health Professionals and advocates nationwide to proclaim “May is Mental Health Month.”

If you are interested in participating in this year’s events at any of the two locations, please read the following information and fill out the Exhibitor Registration Form and required attachments. All paperwork must be received prior to **Friday April 27th at 5:00pm**. Email to rdouglas@rcmhd.org

As part of your registration for the Western and Mid-County events you will be provided one 6’ foot table and 2 chairs (No additional chairs please). Please bring your own pop up tent for shade **maximum 10’x10’ in size**. **All pop up tents must to be anchored to the ground**. Keep in mind that the month of May has unpredictable weather and please bring something to prevent loose materials from flying away. Exhibitors are responsible for the set-up and takedown of their presentations materials.

Event Details

Mid-County Location	Perris City Hall, Front Lawn 101 N. D Street, Perris, CA Intersection of San Jacinto, between Perris Boulevard and D Street
Date	Saturday, May 5, 2018
Time	From 11 am - 3 pm Exhibitors must be set up by 10:30 am and must stay open and active until 3 pm

Western Location	Fairmount Park 2601 Fairmount Boulevard, Riverside, CA. Intersection of Route 60 and Market Street
Date	Thursday, May 24, 2018
Time	From 1 pm - 5 pm Exhibitors must be set up by 12:30 pm and must stay open and active until 5pm

Exhibitor Registration Form

Event: (Please check all you wish to participate in Western Mid-County

Organization Type: County Non-Profit Community College/University Retail other

Exhibitor: _____

Address: _____

Contact Name: _____ Email Address: _____

Phone #: _____ Cell#: _____ Fax#: _____

- Please list the representatives that will support your table at the event (2 recommended):

1. _____ 2. _____

- What types of materials or promotional items will you provide to the community? _____

Misc. Notes: _____

Exhibitor Agreement (Please initial items 1 – 4 below)

1. Reservation requests must be submitted in writing at least 2 weeks prior to the event. Exhibitor agrees to indemnify and hold harmless the County of Riverside, Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives and volunteers from any and all claims for damage, liability, injury, loss of property, expense and costs allegedly incurred or connected with the requested participant. _____
2. Exhibitor is required to leave the event exhibit booth space in the same condition provided. This includes cleaning and the removal of trash and anything brought to the event. _____
3. Exhibitor is required to obtain a \$1,000,000 general liability insurance certificate and endorsement naming the County of Riverside, its Agencies, Special Districts and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representative and volunteers as additionally insured. An additional certificate must be sent naming the City of Riverside or the City of Perris as an additional insured. The certificates must include all venues in which you are participating. All insurance certificates are to be sent to Riverside University Health System-Behavioral Health attention Rachel Douglas. _____
4. The exhibitor acknowledge that this event is open to the general public and that he or she will not exclude any person from participating in the event, deny anyone the benefits of. Or otherwise subject anyone to discrimination on the basis of race, color, national origin, age, sexual orientation, or disability. _____

Agreement: I, _____, have read and understand the above noted participation requirements. I understand that approval is not granted until the signed copy is returned, and that the County reserves the right to refuse or cancel any reservation (approved or not). My signature indicates the information I have provided above is true to the best of my knowledge.

Please direct any event questions to Rachel Douglas at (951) 358-5862 or email to rdouglas@rcmhd.org
Please Email completed forms to rdouglas@rcmhd.org