

2026



**August 1 | 10am - 2pm**

**Roswell Mall | 4501 N Main**



# SPONSOR & EXHIBITOR OPPORTUNITIES PACKAGE

[expo@chavescountyhc.org](mailto:expo@chavescountyhc.org)

575.550.5585 ext.5

# 8th Annual Chaves County Health Expo

The Health Expo, an initiative of the Chaves County Health Council, is the **county's only comprehensive community-wide health and wellness expo**. Now in its 8th year, the Health Expo is a free, all-ages event designed to:

- Encourage healthy lifestyles
- Promote disease prevention and management
- Connect residents to essential health, wellness and social services

Each year, residents from across Chaves County rely on the Health Expo for **trusted education, screenings, services and products** that improve quality of life.

**This event sells out every year.** Early commitment ensures prime booth placement, discounted pricing and maximum exposure.

## WHY EXHIBIT OR SPONSOR?

Exhibiting or sponsoring the Health Expo places your organization at the center of one of the county's most trusted and well-attended community events. The Health Expo offers a rare opportunity to engage face-to-face with residents who are actively seeking health information, services and solutions for themselves and their families. Unlike traditional advertising, this event creates a meaningful, two-way interactions that build trust, credibility and long-term brand recognition. Sponsors and exhibitors are positioned as community partners-not just vendors- demonstrating a genuine commitment to improving local health outcomes.

Participation also delivers measurable value. With attendance exceeding 2000 community members, strong multi-channel marketing and year round distribution of the Chaves County Resource Guide, your organization benefits from extended visibility well beyond event day. Sponsorship strengthens relationships with healthcare providers, nonprofits, schools and local leaders, often leading to referrals, collaborations and future opportunities. Just as importantly, it signals to employees, customers and stakeholders that your organization is invested in the wellbeing of Chaves County - enhancing reputation, trust and community loyalty.

In addition, a professional photographer will be on-site throughout the event, providing sponsors and exhibitors with high-quality photos of their booths, staff and community engagement. These images may be used for your organization's marketing, social media, websites and internal communications - offering lasting promotional value long after the Expo concludes.

### **\* VENUE \***

**Following a record-breaking year, the Health Expo returns to the Roswell Mall for its second consecutive year. The 2025 Expo at the mall produced the LARGEST TURNOUT in the event's 8-year history, confirming the mall as the only venue capable of accommodating the Expo's continued growth and community demand.**

### **\*\*NEW\*\***

**6 foot tables and 2 chairs will be provided!**

### **EXHIBIT HALL HOURS REGISTRATION AND TEAR-DOWN SATURDAY, AUGUST 1, 2026**

***All booths must be setup by 9:30 a.m.***

Setup and Registration . . . . . 8:00 a.m.-9:30 a.m.

Family Fun Run Registration. . . 6:30 a.m.-6:45 a.m.

Family Fun Run. . . . . 7:00 a.m.-8:00 a.m.

Expo Opens. . . . . 10:00 a.m.-2:00 p.m.

***Exhibits close at 2:00 p.m. — no early move-outs***

Dismantle . . . . . 2:00 p.m.-4:00 p.m.

# 2026 Sponsorship & Booth Form

	Presenting \$5000	Diamond \$2500	Gold \$1500	Silver \$750	Bronze \$300
Billboard	x				
Premium Booth Placement	x				
Logo on HC Website	x	x			
Story in Wellness Guide	x	x			
Radio Ad Mention	x	x	x		
Logo Entrance Banner	x	x	x		
Logo Run T-shirt	x	x	x		
Ad in Wellness Guide	Full	Half	Quarter		
Logo on RDR Ads	x	x	x	x	
Logo on Event Flyer	x	x	x	x	
Social Media Acknowledgment	x	x	x	x	x
Highlighted Wellness Guide Listing	x	x	x	x	x
Scavenger Hunt Booth	x	x	x	x	x
Event Booths	10	5	3	2	1
Run Entries	10	5	3	2	1

## SPONSOR DEADLINES

**PRESENTING DEADLINE: May 1**

**Other Sponsor Deadlines: June 1**

## ARTWORK REQUIREMENTS

Logos must be submitted in vector format only; (.AI) (.EPS) (.PDF) or (.SVG)

## WELLNESS GUIDE 5.5x8.5

**Artwork: CMYK and 300dpi**

**Bleed 0.125 | Trim 0.125**

**Keep all text inside:**

**Full page ad size: 5x8**

**Half page ad size: 3.75x5**

**Quarter page ad size: 3.75x2**

## BOOTH DEADLINE

**Early: May 29 - Regular: June 26**

**BOOTH SPACE:** Each booth includes one 6-foot table and two chairs. Tablecloths are required and must be provided by the vendor.

**SPONSOR BOOTH**    Presenting    Diamond    Gold    Silver    Bronze

**EARLY BIRD Deadline: May 29, 2026**   \$50 per booth PLUS two (2) school style backpacks with supplies.

**BOOTH Deadline: June 26, 2026**   \$75 per booth PLUS two (2) school style backpacks with supplies.

**Total Number of Booths:** \_\_\_\_\_    Inside Space    Outdoors (bus)

Do you need a power source for your booth?  Yes (You will need to supply your own electrical cords.)    No

**TIMES** no early tear-down

**Setup: 8:00 am – 9:30 am**

**Event: 10:00 am-2:00 pm**

**Tear-down: 2:00 pm-4:00 pm**

## ----- INTERACTIVE BOOTH -----

Including interactive activities allows us to promote your booth in advance and help drive more visitors to your space. We strongly encourage vendors to participate!  
(Ex: blood pressure checks, fall risk screenings, chair massage, photo booths, demos)

Will your booth include an interactive element?  Yes    No

**If yes, briefly describe:** \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

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

## Payment Options

\*Scholarships available, please contact us for more details\*

Space is limited and offered on a first-come, first-served basis.

Payment must accompany registration.

**Check enclosed**   Total enclosed: \$ \_\_\_\_\_

**Credit Card**   Contact us to make arrangements

## Mail contract with payment to:

Chaves County Health Council

PO Box 185, Roswell NM 88202

E-mail: expo@chavescountyhc.org

Makes checks payable to: Chaves County Health Council

**OFFICE USE ONLY:** Date Payment Received: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Booth \_\_\_\_\_

Check \_\_\_\_\_    Credit Card