



Humana Veterans
VETERANS
COMMEMORATIVE
CEREMONY



Monday, May 20th, 2019

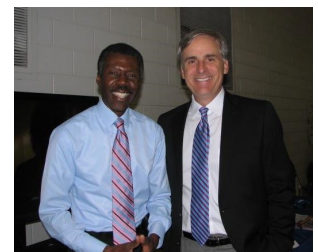
Via Health, Fitness and Enrichment Center (Midtown Mobile)

9:30 a.m. - 11:00 a.m. - Community Health Expo
11:30 a.m. - Program Honoring Veterans/Reception

**Seniors...Baby Boomers...Caregivers...Senior Service Providers...
Area Businesses...Veterans and Families...**

Please join us at the Via Center as we host our 11th annual Healthy Living Expo and honor a special group of our community's Veterans with a military tribute and commemorative ceremony. The Via Center serves more than 49,000 seniors, members and community users annually through providing health, fitness and enrichment activities and community needs outreach services.

- * Information for Seniors, Up-and-Coming, Baby Boomers and Veterans
- * Blood Drive
- * Health Screenings
- * Flu Clinic
- * Demonstrations for Healthy Living
- * Door Prizes, Give-a-Ways and Refreshments
- * Veterans Commemorative Ceremony and Social



Information: 251.470.5229, viacenter1717@gmail.com, www.viamobile.org
REGISTRATION FORM ON BACK



Monday, May 20, 2019
9:30 a.m. - 11:00 a.m. - Community Health Expo
11:30 a.m. - Program Honoring Veterans/Reception

Humana Veterans

REGISTRATION FORM

SUBMIT FORM ATT: Barbara Estes

Phone: 251.470.5229 E-Mail: viacenter1717@gmail.com Fax: 251.470.5233

Mail: Senior Citizens Services/Via Center, 1717 Dauphin Street, Mobile, Alabama, 36604

SPECIAL VENDOR INSTRUCTIONS:

- 1. ALL EXHIBITORS ARE INVITED TO THE VETERANS CEREMONY**
- 2. IN ORDER TO ENSURE YOUR BOOTH IS SECURED, PLEASE SUBMIT FORM AND PAYMENT BY NO LATER THAN FRIDAY, MAY 17TH.**
- 3. EXHIBITOR SET UP BEGINS AT 7:30 A.M. ON MONDAY, MAY 20TH**
- 4. 6-FOOT TABLE AND CHAIRS ARE PROVIDED – PLEASE BRING YOUR OWN DRAPE**
- 5. PLEASE NOTE ANY SPECIAL SET-UP REQUESTS _____**

TYPE OF REGISTRATION (PLEASE CIRCLE):

- Via Center Community Partner (no fee)
- Via Center Rental Client (\$25)
- Non-Profit Organization (\$50)
- Private Business (\$75)
- Attending Veteran Ceremony (no fee)

Name: _____ Company (if applicable): _____

_____ I am a Veteran Branch of Service _____

Mailing Address: _____

Phone: _____ E-mail: _____

BILLING INFORMATION:

_____ Check Enclosed _____ Please Invoice _____ Pay by Credit Card

Please Circle One: Visa MasterCard American Express Discover

Name on Card _____

Number on Card: _____

Expiration Date _____ CCV Code _____ Amount Authorized _____

Signature _____