

# SOLUTIONS for care

(708) 447- 2448 | 7222 W. Cermak Rd. Suite 200, North Riverside, IL 60546 | [www.solutionsforcare.org](http://www.solutionsforcare.org)

Solutions for Care's annual Healthy Living Resource Fair featuring the Farmers Market Coupon Giveaway will be held Saturday, July 19th, 2025, from 10:00 AM to 12:00 PM, in North Riverside at Solutions for Care's outside parking area. In 2025 we hosted 350+ seniors, distributed 500+ Farmers Market Coupons, and partnered with 30+ agencies and organizations. This year we anticipate 400+ seniors to attend this event!

We would like to extend the invitation to your agency/organization to join our event as an Informational Resource Partner. For the small participation contribution of \$100, you will be given a table and space to share your information with our older adult community. This is a great opportunity to share in person your services and resources with our vast client base.

For more information on becoming an Informational Resource Partner, please contact Tina Saenz at 708-447-2448 (Ext 127) or by email at [tsaenz@solutionsforcare.org](mailto:tsaenz@solutionsforcare.org). Registration can also be completed online at <https://solutionsforcare.org/news-events/the-healthy-living-resource-fair.html> no later than Tuesday , July 1, 2025.

Respectfully,  
Richard Juarez Sr., Executive Director

## INFORMATIONAL RESOURCE PARTNER

# \$100

- (1) Table (2) Chairs under Resource Information Tent
- In Person access to 400+ seniors (persons 60+) and caregivers to share information with
- Networking opportunity with other state and local resource agencies

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## VENDOR REGISTRATION FORM

Please return registration form by **Tuesday, July 1, 2025** if not completed online.

Vendor fee is \$100 per table and can be made online at <https://secure.qgiv.com/for/2hlrfr/event/2024healthlivingevent/> or by mailing a check to Solutions for Care at 7222 W. Cermak Rd., Suite 200, North Riverside, IL 60546  
Attn: Tina Saenz

Name of Contact:

Contact Phone #:

Contact Email:

Organization  
Name:

Organization  
Phone #:

Organization  
Address:

**PAYMENT DUE BY MONDAY JULY 1, 2024.**

Vendor Fee (\$100 per table): \$

Payment Method: CASH  CHECK

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