



## VENDOR/EXHIBITOR REGISTRATION FORM

We invite you to host a booth where you may sell your items to our attendees as one of our **vendors** or you can be an **exhibitor** and distribute “free” samples, printed materials or complimentary services. The vendor fee is a \$100.00 tax-deductible, non-refundable fee. *There is no fee for exhibitors, but cash or in-kind donations are appreciated.*

In order to process your registration as a vendor for the “8<sup>th</sup> Annual RACE 2 CURE PH –Taylor Caffrey Memorial 5K Run/Walk”, please fill out all parts of the form completely. Registration must be accompanied by a check payable to the “**Pulmonary Hypertension Association**”. All booth sponsors/vendors must comply with and sign the sponsor/vendor agreement form. We will not have any vendors selling identical products.

Please mail this form along with your check to: Taylor’s Wish, c/o Cali Kimble, P.O. Box, 28593, Anaheim, CA 92809-9998. Please make a copy of this form for your tax records.

**\*We must receive your Vendor/Exhibitor booth reservation by: April 14, 2017.**

<p><b>We provide:</b> 10 x 10 space</p> <p><b>You are responsible for our own:</b> display, equipment, EZ up canopy, table, chairs, etc.</p> <p>*There is no electrical available.</p> <p>*Expect 800 - 1200 participants.</p> <p>*There is drop-off parking, however a cart or other manual means of transporting your goods is recommended. After drop-off, vendor/exhibitor parking is available nearby.</p>	<p>Saturday, May 13, 2017 Sycamore Park, Anaheim Hills, CA Cali Kimble: <a href="mailto:cali4taylorswish@yahoo.com">cali4taylorswish@yahoo.com</a> <a href="http://www.TaylorWish.org">www.TaylorWish.org</a></p> <p><b><u>Tentative Schedule of the Day:</u></b> <u>4-6:30 am:</u> Vendors/Exhibitors setup by 7am <u>6:30-8 am:</u> Registration of 5K participants <u>8-9 am:</u> 5K Walk/Run <u>10-10:30 am:</u> Awards Ceremony <u>11 am-12 noon:</u> Entertainment &amp; Activities <u>12 noon- 2 pm:</u> Clean up</p>
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### CONTACT INFORMATION

Company/Organization Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

### VENDOR/EXHIBITOR INFORMATION

Type of Company/Organization: \_\_\_\_\_  
Non-profit: Yes No  
Describe your display: \_\_\_\_\_  
Describe your services: \_\_\_\_\_  
Will you be providing free items/products to attendees? If yes, what items/products? \_\_\_\_\_  
Are you willing to provide a door prize to be used in the opportunity drawing or silent auction at the event? Yes No  
If yes, what is the prize? \_\_\_\_\_