

2019 VENDOR APPLICATION

& GUIDELINES

Saturday, September 28th | 10am-3pm

Organization Name: _			-6	
Contact Person(s):				
Purpose of Organizati	on:			
Phone – Best:	Other:	Other:		
Mailing Address:				
	Street or PO Box	City	State	Zip
*E-Mail - Best:	Other:			
*(Please write e	mail address(es) legibly as email correspondence(s) n	nay be used as communications to you by	the festival committee	;)
Please describe activities t	hat will take place in your booth or if you	have any special needs:		
Describe any items that yo	ou will have for sale in your booth:			
	a Link (ex. <u>www.facebook.com/cijfestival</u>):			
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SUMMIT RULES AND GUIDELINES:

- APPLICATIONS ARE ACCEPTED ON A 'FIRST PAID' BASIS. The deadline for registrations is September 14, 2019. Unfortunately, we <u>cannot</u> accept post-dated checks. Vendor Fees are <u>non-refundable</u>. This guideline applies to all vendors.
- Vendors will be provided a 6 or 8 ft table and two chairs.
- All booths must be set up by 9:00 am and remain until 3:30pm.
- Vendors must conduct business within their allotted space.
- Application is deemed to be accepted upon paid receipt unless the vendor is otherwise notified by the committee.

Please make checks payable & mail application form to:

Lenzy Dermatology

1176 Memorial Drive – Chicopee, MA 01020 or make payment via PayPal to Yolanda_lenzy@yahoo.com

No entry will be considered for acceptance unless accompanied by all required forms & fees. By my signature below, I commit to participate in the TOTAL Women's Health Summit as a vendor. I further acknowledge & certify that I have correctly filled out the vendor application and read ALL guidelines & hereby agree to abide by them.

Applicant(s) signature(s):	
Date:	

PLATINUM VENDOR SPONSORSHIP - \$50

Standard 6ft or 8ft Vendor Table
Mention as a sponsor on all PR
materials
Company banner space at summit
On stage mention of your
company at the summit
2 Social Media mentions leading
up to event
1 general admission ticket to the

event