



GALA VENDOR REGISTRATION FORM

Survivors Masquerade Gala

Friday, October 28, 2016

Venue: Hilton Garden Inn
100 E Constance Road
Suffolk, Virginia 23434
Suffolk Riverfront

Return Registration Form & Payments To:

Suffolk Breast Cancer Society, Inc
405 Johnson Avenue Suffolk, Virginia 23434
Email: suffolkbreastcancersociety@gmail.com
Website: www.suffolkbreastcancersociety.com

9:00 AM - 5:00 PM - **Vendor Set-up**

6:00 PM - 7:00 PM - **Reception**

7:00 PM - 11:00 PM - **Masquerade Gala Event**

Name of Business: _____

Type of Business: _____

Point of Contact Name: _____

Business Web Address: _____

Business Email: _____ Phone: _____

Business Mailing Address: _____

The cost of each table is \$125.00 (**Includes 1 Plated Meal**); includes one (1) 6ft. table and 2 chairs & table cloth; **additional meals \$50.00 per person.**); or if you are unable to attend, you can have your marketing material placed in our giveaway bags \$25 per 100 bags (300 bags will be given away.) Total amount payable: \$ _____

All payments are **Non-Refundable** and must be received by Friday, **October 7, 2016** or table will be released for re-sell.

Card Number: _____ **CVV Code** _____

Name on Card: _____ **Expiration Date** ___/___

Address: _____

I represent the above vendor and agree to the terms and conditions included with this agreement. I agree that forms submitted via fax or email be considered to be an original document and thus enforceable. By signing below, I agree to abide by all information submitted. I understand that a 2.7% processing fee applies to all payments made using the card number above.

Signature of Authorized Representative: _____

Print Name: _____ **Date:** _____

Release & Participation Form

I, _____ representing (company) _____
am a volunteer participating in this event.

The undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors, and assigns) for and in consideration of participating in this event hereby release SBCS, Inc. of any liability as a result of my participation in this event.

I attest to the fact that my displays and products are safe and do not present a hazard in anyway to the public or other participants in this event as I am voluntarily participating in this event.

By signing this release participation form, I certify that I have read and fully understand it and that I am not relying on any statements or representation of any one release thereby:

Signature

Printed Name

Date