



Saturday, June 3, 2017

Cone Health Cancer Center at Alamance Regional

8:00 am

Vendor Agreement

Company Name _____

Mailing Address _____

City/State/Zip _____

Telephone _____ Email Address _____

Vendors can display items, but **no selling is allowed**. However, businesses can collect participant's contact information and take orders at the event.

Each vendor will be provided with:

- ◆ 6 foot table
- ◆ white table cloth
- ◆ 2 chairs

DEADLINE: To reserve your table, return this form by Friday, May 26th. Return form to the attention of Katie Boon, ARMC, Charitable Foundation, Katie.boon@conehealth.com or fax to 336-538-7718.

FEE: Cost to reserve table is **FREE!**

TABLE SET UP: Tables will be available for set up Saturday, June 3rd 6:30 am and 7:00 am. All vendors must be ready for the public at 7:30 am.

TABLE BREAK DOWN: All vendors must have all items out and off tables by 11:00 am

DOOR PRIZE: Your business can also donate a door prize worth \$20. Please indicate if you are donating a door prize.

ARMC Signature _____

Vendor Signature _____

Date _____

Date _____