

# HEALTH & WELLNESS EXPO VENDOR REGISTRATION

## Contact Information

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Tables to Reserve: \_\_\_\_\_

### Note:

Set Up is at 10:00 AM

Vendor hours are 10:00 AM - 5:00 PM

Clean up is at 5:00 PM

## Payment Information (check one)

Check\*

If paying by Credit Card:

Money Order\*

Card Type:  MC/Visa  AmEx  Discover

Credit Card

Name on Card: \_\_\_\_\_

Cash

Card Number: \_\_\_\_\_

\*Checks/Money Orders  
should be made out to  
In Our Own Voices, Inc.

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Payment Level:  Non Profit  Corporate  Business

Total Amount Due: \_\_\_\_\_

### FAX THIS FORM:

(518) 432-4123  
to reserve your  
table today!

### By Mail:

In Our Own Voices  
245 Lark Street  
Albany, NY 12210

### By Email:

saralynne@inourownvoices.org

### Questions?:

(518) 432-4188

To become a vendor at Say It Loud!: Black & Latino Gay Pride, return this form to In Our Own Voices, by April 30, 2010. All proceeds benefit In Our Own Voices, Inc., a 501(c)(3) not-for-profit organization. Your contribution is tax deductible to the fullest extent allowed by law. All sponsorships, journal ads, donations, and ticket sales are final and cannot be refunded.