



*Saturday, May 22, 2010*  
**Health Pavilion Vendor Application**

**Contact Person Name:** (please print or type):

**Title:**

**Agency Name:**

**Address:**

**Telephone:**

**e-mail:**

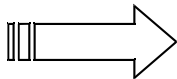
<b>HEALTH SCREENING OR INFORMATION BOOTH</b>		
<i>Vendors will receive: one 8'ft table with table covering and chairs, continental breakfast and your business or agency's name listed in the Health Pavilion Souvenir booklet.</i>		
<b>Description of Services</b>		
<b>*** PLEASE SUBMIT ALONG WITH THIS APPLICATION YOUR AGENCY BUSINESS CARD, FLYER AND OR BROCHURE.</b>		
<b>Registration Fee</b>	<b>Check or M/O</b>	<b>Date of Event</b>
<b>\$ 35.00</b>		<b>Saturday, May 22, 2010</b>

**Amount Submitted \$ \_\_\_\_\_ (Check Payable to " City Lites" (No! cash please)**

I release "CITY LITES " and its entire duly appointed representative of all liability and responsibility for damages or loss suffered before, during or after the Health Pavilion, as a result of the display of my work, equipment or materials. I understand that I DO NOT have to provide proof of **General Liability**.

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



*Deadline Date:*

**Thursday, May 13, 2010**

1. **FAX** your Vendor application to 323 299-8297 and
2. **MAIL** your money order or cashier check to:

**City Lites**

P.O. Box 47895

Los Angeles, California 90047



*Saturday, May 22, 2010*

*Health Pavilion Vendor/ Volunteer Application*

*Vendor Name:* \_\_\_\_\_ *Booth Number* \_\_\_\_\_

*Contact Person:* \_\_\_\_\_ *Title* \_\_\_\_\_

*Telephone:* \_\_\_\_\_ *Cell#* \_\_\_\_\_

- All Health Vendors and thier volunteers can check-in from 8:30 A.M- 9:30 A.M.*
- All Health Vendors providing information only are allowed two (2) volunteers in the booth the day of the event.*
- All Health Vendors providing free Screenings are allowed four (4) volunteers in the booth the day of the event.*
- Please register the names of your volunteers participating in the Health Pavilion on or before Friday, May 13, 2010 by: fax (323) 299-8297 or please feel free to call with the names to Patricia Vining, Health Pavilion Consultant @ (310) 922-7954.*

*Please type or print clearly*

<b>Volunteers Name</b>	<b>Telephone</b>
<b>1.</b>	
<b>2.</b>	
<b>3.</b>	
<b>4.</b>	

*Thank you!*



*Saturday, May 22, 2010*

*Health Pavilion Volunteer Application*

*Volunteers may be responsible for assisting in registration, setting up tables; chairs and the final clean up of the Health Pavilion.*

- All Volunteers must check-in between 7:30A.M- 8:30A.M.*
- All Volunteers will receive a certificate or community credit if available.*

*Name:*

*Address:*

*City/State/Zip Code:*

*Best Contact Number#*

*Shirt Size:*