



22nd ANNUAL AIDS WALK LONG BEACH – JUNE 05, 2010 BOOTH APPLICATION

Organization/Business Name _____

Address _____

City/State _____ Zip _____

Contact Person(s) _____ Title _____

Daytime Phone _____ Evening Phone _____

Non-Profit Federal Tax ID (if applicable) _____

APPLICATION DEADLINE May 30, 2010

All Non-Profit applications **MUST** include a photocopy of your IRS Letter of Determination.
Mail completed and SIGNED application and Terms and Conditions and all payments due to:
AIDS Walk Long Beach 2630 E. Fourth St., Long Beach, CA 90814 (562) 987-5200 Office (562) 987-5201 Fax

Exhibitor Booth Reservation Form

Space is 10' x 10' under canopy and includes 1 table and 2 chairs. Walls or half walls are additional cost. No electrical service will be available. **Sales require a business one-day permit from the City of Long Beach. AIDS Walk does not provide blanket permit coverage for sales tax, health permits or any other permits other than the event permit. All vendors must apply for any required permits from the appropriate city departments. No refunds for booth space provided for failing to apply for any required permits.**

Space:

Business Rate: \$375.00 _____

Non-Profit Rate: \$195.00 _____

Options:

Side Wall 10' each \$30.00 _____

Half Wall 3' x 10' each \$20.00 _____

Extra Table 6' \$15.00 _____

Extra Chairs \$ 5.00 _____

Table Cloth 6' Blue \$24.00 _____

Order TOTAL : _____

This is a fundraising event for the AIDS Walk Long Beach beneficiary agencies.

No electrical service is provided or available. Vendors must provide their own displays. Applicant hereby certifies that he/she has read this application in its entirety understands its contents and will comply with all terms and conditions attached to the application. Applicant further understands that failure to comply with the terms and conditions may result in early termination and will not result in a refund of any fees paid.

Businesses failing to acquire required applicable business/health permits from the City of Long Beach Business License Department may result in city required cease of operation, loss of space and forfeiture of any payments made. Business

Name: _____

Contact: _____ Phone _____

Check enclosed: ___ Credit Card _____ Exp _____

Billing Address _____ Billing Zip _____

Auth. Signature: _____ DATE: _____