



Special Needs In My City

Health and Wellness Vendors -March 14, 2020

Registration Form

***Please print the form and complete to submit by mail or email.**

Type of Booth	Price	Check Type of Booth
Resource Fair Booth	\$500	<input type="checkbox"/>
Non-Profit	\$300	<input type="checkbox"/>
TOTAL DUE \$:		

*Company/Organization (Tax-Id#): _____

*Service/Goods
Provided: _____

*Website
Address: _____

*Contact
Name: _____

*E-mail
(Required): _____

*Address: _____

*City: _____ State: _____ Zip: _____ Phone: _____

*Please describe your services or programs you offer:

- Required Fields.

Special Needs In My City, A 501C(3) NON-PROFIT ORGANIZATION

Email: snimc@snimc.org | Website: www.snimc.org | TAX ID: 82-3450395



Special Needs In My City, Tax ID: 82-3450395

Health and Wellness Exhibits -March 14, 2020

Please read and initial the following:

_____ Criteria for approval:

Service is not considered controversial or possibly harmful. But is commonly used or standard practice in the field.

Product is commonly used by special needs families in the community.

_____ Placement and participation are not guaranteed until applications are reviewed and approved. Confirmation will be sent to the e-mail address provided in the registration form.

_____ Exhibitor's are not permitted to sell merchandise.

_____ Exhibitor's booth must be manned and attended at all times during their designated time. Special Needs In My City is not responsible for the disruption of any items during the resource fair hours.

_____ I understand that Special Needs In My City reserves the right to make final booth assignments and will make every effort to assign one of the exhibitor's choices of exhibit space taking into consideration space requirements and competitors.

_____ Exhibitor's **may not** dismantle or pack up proper to assigned time.

ALL APPLICATIONS ARE SUBJECT TO APPROVAL. Confirmation will be sent via e-mail to the address provided in the application. Special Needs In My City reserves the right to terminate participation at any time; payment will be returned with the explanation. If you do not receive confirmation/approval within 5 business days, please e-mail us.

FINAL DEADLINE: March 9, 2020

By E-Mail: Please send completed Registration Form to: meenat@snimc.org

By Mail: Send completed form with payment to:

Special Needs In My City

2300 Sylvan Avenue, #578275

Modesto, CA 95355

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