



# Black Pride Family Reunion Picnic Vendor Registration

\* Required Fields

Organization or Company Name:  \* First Name:  Last Name:  \*

Title:  Company:

Email:   \*

Address:   \* State:  City:

Zip:  Home Phone:  Cell:

### PROVIDE ALTERNATE CONTACT INFORMATION

Alt Phone:  Alt First Name:  Alt Last Name:

Table Cost is: one 6 foot table = \$35.00/ two tables = \$65.00

ENTER NUMBER OF TABLES NEEDED

**Note: No FOOD CAN BE SOLD AT THIS EVENT**

\*

### Type of Business/Service and Brief Description

**Terms: Booth fees are non-refundable. All contracts are firm and can not be cancelled**

\* I do understand and accept the terms of this contract as final and binding.

Vendor Booth Cost: 1 six foot table w/2chairs \$35.00

Additional table and chair is \$65.00

**Attention: 1. Review your registration to make sure all required fields are completed.**

**2. Print form for your records**

**3. Then click Submit button below**

**Make Check or Money Order to: Unity CDC Black Pride Picnic**

**Mail or bring to: 201 S. Briggs St., Joliet IL. 60433**

**You may fax this form to: 815-722-9200**

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