

The VaBHMA2026 Black Health Fair

Vendor Agreement



BLACK HEALTH FAIR

Vendor Agreement

FRIDAY | 27 FEBRUARY 2026 | 4PM TO 8PM
RENAISSANCE ARLINGTON CAPITAL VIEW HOTEL
2800 S POTOMAC AVE, ARLINGTON, VA 22202

THE VABHMA HAS INVITED 40 OR MORE HEALTHCARE ORGANIZATIONS TO PROVIDE LIFESAVING INFORMATION, OR SET UP APPOINTMENTS FOR THE COMMUNITY TO GET SCREENED BY THEIR PRIVATE PHYSICIAN.

Renaissance Arlington Capital View Hotel

2800 S Potomac Ave, Arlington, VA 22202

The Virginia Black History Month Association (VaBHMA) will host its **Annual Black Health Fair** at the Renaissance Arlington Capital View Hotel. The Fair and Seminar will be held on **Friday, February 27, 2026**, from 4:00 p.m. to 8:00 p.m. We invite healthcare organizations and corporations to set up Vendor Tables to provide **free health service information** to our attendees. Vendor tables and all displays must be set up between 2:00 pm and 4:00 pm on the day of the event. The cost of the vendor tables is **\$50.00; your services must be related to healthcare**. The organization is also accepting donations to help with the cost of food and equipment.

This form must be signed and returned by **Monday, February 17, 2026**. (**This event is for Friday evening only**) Donations can be made online with a credit card or mailed to the address below. The form can also be downloaded at: www.VABHMA.org. Please scan and email the form to: VaBHMA at (president@vabhma.com), or you can mail the completed form to:

Virginia Black History Month Association
PO Box 41924
Fredericksburg, VA 22404

I hereby agree to provide health services in compliance with all Virginia state and local business licensing and taxation laws and requirements. The Virginia Black History Month Association assumes no responsibility for any items that are lost, damaged, or stolen during the event. This shall be the sole responsibility of the vendor. The Virginia Black History Month Association reserves the right to restrict the sale of any or all items determined to be inappropriate.

Signature: _____

Print Name: _____

Address: _____

Telephone: _____

Email: _____

Failure to abide by these terms and conditions will result in the termination of this agreement. Any deviation will jeopardize future scheduling and could result in permanent loss of access to any future events. This form is not complete, and this agreement is not valid until signed by the President of the Virginia Black History Month Association (VaBHMA). (Note: The VaBHMA will not be responsible for any incidents caused by the hotel or force majeure, such as fires, loss of power, or extreme weather.)

William "Bill" Jones
President, Virginia Black History Month Association

Date

Vendor

Date

Name of Organization, Business, Group or Individual: _____

For Office Use Only – Date Vendor Fee Payment Received: _____

Registration Information Form

Type of Healthcare Business: _____

List All Items or Information to Be Given: _____

Mailing Address: _____

Contact Person: _____

Telephone Day: _____ Evening: _____

Email: _____

Registration Questions: **Contact Ms. Reedema Rock (540) 498-7917 cell**

Online Registration: Eventbrite website at: **<https://tinyurl.com/2026-Black-Health-Fair>**

IMPORTANT NOTE: Your signed vendor form and counter signature confirm your vendor table.

Participants will be provided with tablecloths, one (1) table, and a chair. Electrical outlets will be provided to vendors upon request at an additional charge. However, due to the [Renaissance Arlington Capital View Hotel's limited electrical capabilities](#), vendors are encouraged to bring their **own** electrical equipment and accessories (e.g., extension cords, surge protectors).

Meals: (A box lunch; Turkey or Ham sandwich, salad, dessert, and drink) is available for an additional cost of \$45.00 (hot meal) \$40.00 boxed lunch (cold). Please check one: (Note: 25 February 2026 is the last day to order box lunches)

☐ I will not need lunch.

☐ I want to order a Hot Meal. Check one: _____ Chicken _____ Fish \$ _____ Total

☐ I want to order a Box Lunch. Check one: _____ Turkey _____ Ham \$ _____ Total

☐ No, thank you.

Scan and email to: President@vabhma.com, or Mail the Vendor Registration Form to:

Virginia Black History Month Association
PO Box 41924
Fredericksburg, VA 22404

Vendor registration must be completed and returned to the Virginia Black History Month Association by **Monday, February 23, 2026**, to be considered for a table.

For more information, visit our website at: www.VABHMA.org