

TEMPE ALUMNAE CHAPTER
2019 HEALTH VENDOR AGREEMENT FORM



Contact Name		Contact Title	
Business/Organization Name			
Mailing Address		City, State, Zip Code	
Email Address		Telephone Number	
Website			
Description of your business (or organization)			
Description of what you will offer at Soul Stroll			

By signing below, I am confirming that I have read and agree with the terms and conditions for the 2019 Tempe Soul Stroll for Healthy Living Event.

Printed Name	Signature	Date

Terms and Conditions

1. The vendor table fee is \$35.00.
2. All vendors will receive one (1) 6-foot table and two (2) chairs (canopy is optional).
3. Prohibit the sale or distribution of food or drinks of any kind.
4. No vendor shall assign, sublet, or apportion any part of the space assigned.
5. Vendor releases the rights to all photos taken for any purpose, including, but not limited to, promotion, advertising in addition to usage of organization name in conjunction with promotion, advertising, etc.

Send this agreement and a \$35.00 check or money order, made payable to **Tempe Alumnae Chapter**, to the following address:

Delta Sigma Theta Sorority, Inc.
 Tempe Alumnae Chapter
ATTN: Soul Stroll 2019
 P.O. Box 25321, Tempe, AZ 85285-5321

Please keep a copy of this application and terms and conditions for your records. If you have any questions regarding application, please send an email to events@dsttempe.com. **Return application by February 28, 2019.**

FOR INTERNAL USE ONLY:

Date Received	Received By