



**Summer Reception  
August 4, 2022  
Vendor Registration Form**

Vendor sponsorship, exhibitor, and advertising options are noted below. This is a computer fillable form.

**Return completed by August 1, 2022 to:**

**Vendor Contact Information**

Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization Web Site: \_\_\_\_\_

*You will be asked to provide an electronic version of your organization's logo, for use in promotional materials.*

**Vendor Options**

☐ Merchant Vendor (\$50) Six foot table, two chairs

☐ Information Table Only (\$25) Six foot table, two chairs

Name of Primary Vendor: \_\_\_\_\_

(The Primary Vendor will be the point of contact for event communication.)

Electricity Needed? (Additional Charge May Be Assessed) ☐ Yes ☐ No

☐ Additional Exhibitors: How Many? \_\_\_\_\_ Name(s) of Additional Exhibitors: \_\_\_\_\_

☐ Additional Exhibit Table? (\$50 each) Number of Additional Spaces: \_\_\_\_\_

**Payment Information**

Total: \$ \_\_\_\_\_

☐ Check (U.S. funds drawn on a U.S. bank payable to Community Advocacy Coalition)

☐ Credit Card

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

☐ Send an Invoice to an additional e-mail: \_\_\_\_\_

Make checks payable to Community Advocacy Coalition or fax credit card registrations to: 805-984-3539

**Questions? Contact Bishop Lamont Hayes at 323-677-3613**

**4000 S. Rose Avenue, Oxnard, CA 93033 • 805-246-5088**