**\_\_\_\_\_\_\_VENDOR REGISTRATION\_\_\_\_\_\_\_**



**Ladle Day Classic 2018**

**Saturday October 27, 2018**

**North Shore Rotary Pavilion**

**14350 ½ Wallisville Road**

**Houston, TX 77049**

**5:00 p.m.-9:00 p.m.**

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

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Exhibit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**VENDOR AGREEMENT**

The vendor signing this agreement is stating his/her understanding that this is a healthcare event hosted by PNLT. There is no charge for healthcare vendors who are providing information about goods or services; however vendors who are selling a product are subjected to a $30.00 booth fee. The vendor booth fee includes entrance for 2 people. In the event that you opt not to participate in this event, the vendor booth fee is non-refundable and will be considered a donation to the event. If you intend to sell food products, it is your responsibility to obtain a food permit from Harris County consumer and Environmental Health Division at (713) 439-6270 or Pasadena Health Department at (713) 475-5529. A table and 2 chairs will be provided for each booth. Vendors are free to bring any other items necessary to complete their exhibit. You may begin setting up your booth at 2:00. Please have your booth completed by 5:00. This form is due back to PNLT with payment by Monday October 1, 20187. Spaces are limited. For further inquiries, please contact a PNLT representative at (409) 292-7658.

Vendor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For Office Use:

Healthcare Vendor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Selling Vendor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_