



# 2017 San Diego 9/11 Memorial Stair Climb **VENDOR BOOTH RESERVATION FORM**

Join this living memorial for the 16th anniversary commemoration of 9/11. Firefighters, Law Enforcement, Military and civilians will climb 110 floors - the same number as in the twin towers - and each will climb in the name of a fallen Emergency Responder whose life was lost on that day.

In addition to the climb, events of the day include: an inspirational opening ceremony, kids' activities, live music, beer and wine garden, vendor booths, food trucks, and more!

Funds raised will benefit FirefighterAid (formerly the San Diego Firefighters' Benevolent Fund) the 501(c)(3) charity that cares for Firefighters and families through sickness, distress, and death.

**Event Date:** Saturday, September 9<sup>th</sup>, 2017  
**Event Location:** Hilton San Diego Bayfront  
1 Park Boulevard  
San Diego, CA 92101  
**Event Hours:** 7 a.m. (setup) to 3 p.m. (breakdown)  
**Booth Cost:** \$500  
**Cost Includes:** (1) 10' x 10' popup canopy, (1) 8' table and (2) chairs

## Reserve your space! Complete and return this form today.

If paying by check, make payable to: FirefighterAid. If paying by credit card - fax form to 760.692.2901.  
Mail application with payment to: FirefighterAid, 10509 San Diego Mission Road, Suite F, San Diego, CA 92108

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

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

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

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

Will your booth involve sampling food or beverage? ☐ YES ☐ NO

If yes, please note vendors handling food are required to have a City of San Diego health permit (starting with A66, A63, B22, B15 or B19) or apply for a one-time temporary food facility permit **at least 14 days before the event**. For more information call 858.505.6809.

Planned booth activity/items to feature (be specific): \_\_\_\_\_

Will your display include your own branded 10' x 10' canopy? ☐ YES ☐ NO

**IMPORTANT NOTICE:** All vendors are subject to approval by FirefighterAid and must have liability insurance and workers compensation insurance. **Proof of insurance coverage must be submitted with this completed reservation form.**

### Booth cost and payment (check and complete appropriate boxes):

☐ We'd like to reserve \_\_\_\_ 10' x 10' booth(s)

☐ We're including an additional tax-deductible donation in the amount of \$\_\_\_\_\_ to FirefighterAid

☐ Our total amount due is: \$\_\_\_\_\_ (Note: no refunds will be given.)

☐ Enclosed is a check for the amount due of \$\_\_\_\_\_ made payable to FirefighterAid

☐ Charge my credit card for the amount due of \$\_\_\_\_\_ (circle card type and complete info below)



Credit Card Number: \_\_\_\_\_ Expiration Date: (MO/YR) \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature Authorizing Charge: \_\_\_\_\_

**Questions? Call 760.692.2900.**