VENDOR RESERVATION FORM

Event Date: Saturday, September 8th

Location: Hilton San Diego Bayfront
1 Park Blvd.
San Diego, CA 92101

Event Hours: 7:00a (Setup), 3:00p (Breakdown)

Booth Cost: $500

Reserviation Includes: 10'x10' pop up tent, 8' table and two chairs

Join this living memorial on September 8th, 2018 at the Hilton San Diego Bayfront for the 17th anniversary of 9/11/01. Firefighters, Police Officers, Military Personnel, and Civilians will join together in a spirit of remembrance and courage to honor the memories of those lost 17 years ago. Teams and individuals will climb 110 flights of stairs, the same number as in the twin towers, wearing the name of a fallen Emergency Responder whose life was lost on that day. We climb in memory, and to honor each of the fallen 343 FDNY, 23 NYPD, and the 37 Port Authority heroes, and to raise awareness of the sacrifices made by Firefighters everywhere.

FUNDS RAISED WILL BENEFIT FirefighterAid a San Diego based 501(c)(3) that provides charitable assistance to Firefighters and families in crisis, and promotes awareness of Firefighter health and safety issues and the impatcts they have upon families and communities.

VENDOR INFORMATION:

COMPANY NAME: _____ CONTACT NAME: _____

EMAIL: _____ PHONE NUMBER: _____

PLANNED BOOTH ACTIVITIES OR FEATURES: _____

SELECT YES OR NO

(Y) (N) I will bring my own branded 10'x10" pop up tent.

(Y) (N) I will be sampling food or beverages at my booth. (If "YES" please initial below)

(Y) (N) I would like to include an additional tax-deductible donation of $ _____ to FirefigherAid.

PLEASE INITIAL

_____ I acknowledge that if I am sampling food or beverages at my booth, I am required to have a City of San Diego health permit or apply for a temporary food facility permit **a minimum of 14 days prior to the event.**

_____ I acknowledge that all vendors are subject to approval by FirefighterAid.

_____ I acknowledge that I must provide FirefighterAid with proof of insurance. Pleae include with this reservation form.

RESERVATION PAYMENT BY CREDIT CARD OR CHECK: Make checks payable to FirefighterAid

◯ VISA ◯ MASTERCARD ◯ AMEX

CARD HOLDER'S FIRST NAME

CARD HOLDER'S LAST NAME

CARD NUMBER

EXPIRATION DATE (MM/YY) / CSV BILLING ZIP CODE TOTAL CHARGE AMOUNT

_____ _____

CARD HOLDER'S SIGNATURE DATE

Please return this completed form along with your reservation payment to:
FirefighterAid 10509 San Diego Mission Rd., Suite F, San Diego, CA 92108