VENDOR RESERVATION FORM

Event Date: September 5, 2026

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

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

Booth Cost: $500

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

Join this living memorial on Saturday, September 5th at the Hilton San Diego Bayfront for the 25th 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. 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 501(c)(3), that provides charitable assistance to Firefighters and families in crisis and promotes awareness of Firefighter health and safety issues and the impacts they have upon families and communities.

VENDOR INFORMATION:

COMPANY NAME:_____ CONTACT NAME:_____

EMAIL:_____ PHONE NUMBER:_____

COMPANY TAX ID 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 FirefighterAid.

PLEASE INITIAL

_____ I acknowledge that if I am sampling food or beverages at my booth, I am required to have a County 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. Please include with this reservation form.

PAY VIA PAYPAL, CREDIT CARD OR CHECK: Make checks payable to FirefighterAid (address below)

◯ 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

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