



**CHESAPEAKE REGIONAL  
HEALTH FOUNDATION**

**Vendor Application Form  
Bra-ha-ha Women’s Wellness Expo ♦ Saturday, October 20, 2018  
Tidewater Community College, Chesapeake Student Center**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Business/ Description of items: \_\_\_\_\_

**Fee: \$250 vendor table (6’ table included)/ \$150 non-profit rate (fundraising not permitted)**

**Method of Payment:**

- Check (Check made payable to Chesapeake Regional Health Foundation)
- Credit Card

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

*\*all payments due 30 days prior to event*

**Please make checks payable to:**

**Chesapeake Regional Health Foundation ♦ 736 Battlefield Blvd. North ♦ Chesapeake, VA 23320**

**Vendor Guidelines:**

**Hours and Vendor Set-up.** Set-up will be Saturday, October 20, 2018 from 8:00 a.m. – 9:00 a.m. Set-up must be completed prior to the opening of the Wellness Expo at 9 AM. All vendors must stay open for the entire time Wellness Expo is open, from 9 a.m. – 4 p.m. We will do our best to accommodate requests for table locations, electricity, etc. that we know about ahead of time, but cannot guarantee table placement. No changes in table locations will be made on the day of the event.

**Rules and Regulations.** Vendors will observe all operating and security rules established by CRH and TCC. Vendors will operate in compliance with all laws and regulations. Vendors will not sell items in violation of any copyright or trademark laws. Extension cords and power strips must be provided by the vendor. CRH reserves the right to limit the use of lights in booths and wattage used as necessary to comply with fire regulations. Table assignments are made on the basis of the needs of the vendors and the overall workings of the show and cannot be changed.

**Indemnity.** Vendors shall and does hereby agree to indemnify and hold harmless CRH and its officers, directors, trustees, employees, volunteers and agents, from and against all liabilities, claims, damages, awards and costs, including legal fees, arising out of the operation of vendor’s booth at the event; or out of any acts or omissions of vendor or its employees or agents and any breach of this Contract by Vendor.

**Identical Goods/Services.** Due to space, we limit one vendor per good or service. Vendor selection is based on first come, first serve.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

PRINTED NAME OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_