



Vendor Registration

“Houston Food Bank”

HEALTH FAIR

Monday October 17, 2016

Name of Organization: _____ Contact Name: _____

Contact Phone Number: _____ E-Mail: _____

What type of service will be provided at your table? **Would you be able to provide a children activity?

Will you be providing any free give-a-ways? YES or NO

Description of give-a-ways:

Will you be doing any interactive activities? YES or NO

Description of interactive activity: _____

Vendor Requirements

- Number of tables: _____ Number of chairs: _____ (Tables & chairs are limited)
- Electricity: YES or NO
- Garbage can: YES or NO
- Number of representatives coming: _____
- Alternate contact & phone number of representative attending event: _____
(this is an outdoor event; Please feel free to bring your own tent)
- Will you be able to bring your own tent? YES _____ or NO _____

Set-Up

Monday October 17, 2016 at 9:00 a.m. **Must be set up by 8:30a.m.**

Location of Event: **ABC Dental**
5505 West Orem Dr
Houston, Tx 77085

Must RSVP by October 3, 2016

Please return to:

Silvestre Ocampo Cell: 713-550-4274 Email: silvestreo@abcdentaltx.com Fax: 713-723-9202