



INFORMATION

BEYOND THE WALLS COMMUNITY OUTREACH BACK TO SCHOOL HEALTH FAIR

We wish to thank you for your interest and participation in this upcoming event! This event is going to be a great success because of your help and support. ***Please read carefully to avoid confusion.***

- Completely fill out and mail/email the enclosed application with a check made out to:
I AM WOMAN MINISTRY, INC.
331 Ashburton Way, Kissimmee, Florida 34758.
- Your spot will not be reserved until payment is received by us.
- Last day to register is August 11th, 2018.
- Include a complete list of items or information you wish to present.

PLEASE BE AWARE THAT WE DO NOT SUPPLY TABLES or CHAIRS. BE PREPARED TO BRING YOUR OWN IF NEEDED.

If you have any questions, please contact Marielle Pierrot or email her at:
iawprov31@gmail.com or call 407-508-7000.

VENDORS INFORMATION:

DATE: Saturday, August 11, 2018
LOCATION: 604 Piedmont Drive, Winter Haven, Florida
SET UP TIME: 9:00 AM to 10:00 AM
TAKE DOWN & CLEAN UP: 2:45 PM

ADDITIONAL INFO:

- BRING PLASTIC BAGS
- CLEAN UP
- PICK UP GARBAGE

VENDOR FEE:

- \$25
- SPACE IS LIMITED TO 10X10: UP TO 6 FT LONG TABLES IF MORE SPACE IS REQUIRED ADDL FEE OF \$15 WILL BE INCURRED
- VENDOR FEES ARE NON-REFUNDABLE
- VENDOR APPLICATION IS DUE NO LATER THAN August 4th

RAFFLE DONATION:

I AM WOMAN PROVERBS 31 MINISTRY would like to encourage all vendors to provide a gift for the 2018 BEYOND THE WALLS: COMMUNITY OUTREACH BACK TO SCHOOL HEALTH FAIR raffle. The day of the event, an IAW/FFOM staff or volunteer will come by and pick up the raffled item by 9:45 am on the day of the event. Please be sure to include your business card.



VENDORS APPLICATION

BEYOND THE WALLS COMMUNITY OUTREACH BACK TO SCHOOL HEALTH FAIR

NAME: _____

ORGANIZATION: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____

PHONE: _____

Description of products you will be promoting:

PLEASE MARK IF YOU WILL BE USING YOUR OWN TENT: Yes _____ No _____

Remember the dimension is 10x10 up to 8ft table length, beyond that will be an additional \$15.00

By signing below, I am stating that I have read all the above information, I have listed information fully and accurately and I agree to the terms and conditions.

Signature: _____ Date: _____