



Vendor Sponsorship Form

**Sponsor Information**

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

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*Please add product description: \_\_\_\_\_

**VENDOR OPPORTUNITIES**

**OCTOBER 16, 2018 AT TD CONVENTION CENTER**

- Table vendor ONLY = \$150
- Request tablecloth/skirting be provided by TD Convention Center (*no additional cost*)
- Request a St. Francis volunteer to assist me with tear down of my table at 6:30pm (*valid ONLY for tear down*)

Benefits include:

- (1) 8' table on one of the 3 event concourses.
  - o **Additional tables available for \$150 per table**
- Exposure of your products and services to 1,000+ ladies with **opportunity to sell on-site**

Dinner Ticket = \$25 each (**Extra tickets of \$25 must be purchased for additional vendor representatives to attend dinner with a limit of 4.**)

**\*\*Vendor tables will only be reserved with payment in full. No tables will be held without payment.**

**\*\*I agree that purchasing a vendor table is considered a donation to the Pearlie Harris Breast Center and no refunds will be issued.**

**PAYMENT**

Enclosed is a check for my vendor table or call 864-255-1040 to pay Visa/ MasterCard.

\_\_\_\_\_  
**Signature (required)**

\_\_\_\_\_  
**date**

Please mail/fax completed form to:  
St. Francis Foundation, One St. Francis Drive, Greenville, SC 29601  
(864) 679-8879 fax  
Contact Karri Westmoreland at (864) 255-1257 or [karri\\_westmoreland@bshsi.org](mailto:karri_westmoreland@bshsi.org).

