

Syracuse Go Red for Women Luncheon
Thursday, October 24, 2013
Holiday Inn Convention Center, Liverpool



nationally sponsored by
 macy's

Vendor Registration

WHAT: 2013 Syracuse Go Red For Women Luncheon –
 A Luncheon, Vendor Expo, Wellness Breakout Sessions, Wellness Screenings, Spa Treatments, and more!
WHEN: Thursday, October 24, 2013 (Vendor Schedule: 9:30 a.m. to Noon and 1:30-2:00 p.m.)
WHO: The American Heart Association & 300+ women from the Central New York area.
WHERE: Holiday Inn Convention Center, 441 Electronics Parkway, Liverpool
WHY: To increase heart disease awareness and prevent it from remaining the #1 killer of women
COST: \$250 per Vendor Table (Cost includes one -6ft skirted table, two chairs and one (1) ticket to Luncheon)

Yes! I want to host a vendor table at the 2013 Go Red For Women Luncheon!

Contact Name: _____ **Company:** _____
Billing Address: _____ **City, St, Zip:** _____
Phone: _____ **Fax:** _____
E-Mail: _____

Cost Details

One Vendor Table	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 250.00
Do you need electricity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No Charge
Number of additional luncheon meal tickets? (one meal provided, each add'l \$75/person) list names below	__ @ \$75 ea.	\$
Names of Lunch Guests:	Total Cost	\$

Send Invoice Check Enclosed **DEADLINE TO REGISTER: October 11th**
 Please charge my Visa MasterCard Amex #: _____
Name on Card: _____ **Expiration Date:** _____

Please Describe Display/Activity for booth:

Please List any special needs your display require:

In consideration of being allowed to host a vendor table at the Luncheon & Expo (the "Event"), I hereby expressly assume any and all risks, including damage to my personal property, personal injury and death, for myself arising in any way out of my attendance at and hosting of a vendor table at the Event. Further, I agree, for myself, my family, invitees, and my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless the American Heart Association, Inc., its officers, directors, employees, volunteers, and agents and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my attendance at and hosting of a vendor table.

Signature _____ **Title** _____ **Date** _____

Please mail or fax completed form to:

AHA, Attn: Go Red, PO Box 3049, Syracuse, NY 13220-3049, Fax: 315.234.4701

Questions? Contact Us: goredsyracuse@heart.org or 315.234.4744