AltaMed
QUALITY CARE WITHOUT EXCEPTION™

Event Vendor Submission Form
Name of Event: _____

AltaMed Health Services is a 501 (c) (3) nonprofit, its mission is to eliminate disparities in health care access and outcomes by providing superior quality health and human services through an integral world-class delivery system for Latino, multi-ethnic and underserved communities in Southern California.

Your contributions are tax deductible to the extent permitted by law. Tax ID # 95-2810095

Please e-mail your completed submission to Christine Martinez chmartinez@altamed.org. *For more information call (323) 695-6426. Fax: (323) 889-7808.*

Vendor Information

_____
Name / Company as it will appear in Marketing Material

_____
Contact Name

_____
Address   City

_____
State   Zip Code   Phone

_____
Email

Social Media Information
Please provide Company social media information:

Website:_____   [Facebook] _____

[Instagram] _____   [Twitter] _____

Booth Details

Category: Food/Beverage   Service   Promotional   Other _____

Please include description and prices of item(s)/services provided at booth:

_____

_____

_____

Will electricity be need at booth   Yes   No   How many team members will be needed to run booth _____

Total quantity of product available for distribution during event:_____

Agreements

I (The Vendor) acknowledge that I am responsible for all products and staff at my booth.

I Acknowledge that ten percent (10%) of my earnings **OR** an item to include in the silent auction with a value of $40 or more, will be donated to AltaMed Health Services.

_____
Signature   Date

For Internal Use Only	Solicitor	Date	RE Enter Date
Purpose	Notes		