

VENDOR BOOTH APPLICATION

AAHAMO HEALTHCARE SUMMIT - SEPT 2024

Company Name:
Contact Person:
Street Address:
City/State/Zip:
Phone:
Email Address:
Nebsite:
Products and/or Services:

EVENT & BOOTH INFORMATION

Event Location:

Touhill Performing Arts Center at UMSL 1 University Blvd, St. Louis, MO 63121

Event Date(s): Saturday, September 14, 2024 | 8:00AM

Setup (Date & Time): Saturday, September 14, 2024 | 7:00AM

____ Premium Placement of Booth – \$750 | HOW MANY? _____

____ Standard Placement – \$500 | HOW MANY? _____

Booth Dimensions: 10x10 (100sq/ft) – 1 -10 ft Table and 2 chairs

Number of booths you wish to reserve _____

DO YOU NEED Electrical? (AVAILABLE upon your request.) YES_____



Please acknowledge your understanding and agreement by initialing each of the following statements:

- Initial _____ AAHAMO retains the right to approve all merchandise to be displayed and/or sold at the marketplace as well as the right to approve booth space. The sale of bootleg or illegal items is strictly prohibited. Inappropriate merchandise will not be allowed at this event. Be sure to have the correct merchandise. THERE WILL BE NO REFUNDS!!
- Initial _____ It is understood and agreed upon by anyone submitting an application that AAHAMO shall not be liable for any physical or property damage or loss during the leasing of booth space.
- Initial _____ Vendor recognizes and agrees that he/she is operating as an independent contractor.
- Initial _____ As an independent contractor, Vendor agrees to take full responsibility for merchandise and products promoted or sold during the summit. Vendors are also responsible for any municipal fees, permits, or taxes that might be owed for merchandise sold. Further, Vendor agrees to hold harmless and AAHAMO and Volunteers, the City of St. Louis, and all other co-sponsoring organizations for any claims and/or damages that may arise as a result of Vendor's participation in the summit.
- Initial _____ Vendors are responsible for removing all trash from their assigned (booth) area and may use trash receptacles on site of the TOUHILL for its disposal.
- **Initial** _____ The AAHAMO is not responsible for any loss or theft incurred by any vendor.

Please remember to initial and sign this application. Unsigned applications will be considered incomplete and will be returned for signature. This will delay processing and may jeopardize your booth assignment.

I have read and understand the AAHAMO Rules and Regulations of this contract, and I agree to abide by these rules and regulations. I understand that if I do not comply, I and/or the organization or entity I represent, if any, will be asked to leave immediately with no reimbursement of fees paid and excluded from future participation in events. I understand that by signing this application I am agreeing to these terms.

Vendor Name: _____

Vendor Signature:		Date:	
Do Not write Below this Line for Event	Managers only		
Amount Received: \$	Booth(s) Assigned:	Balance Due: \$	
Date: A	pproved By:		
Return A	Application to:		
AAHAMO 1120 Olivette Executive Pkwy, Olivette, M0 63132 Or email to: Corine.johnson@aahamo.org		Questions? <u>Corine.johnson@aahamo.org</u> 833-792-9945	