



LA CANCER CHALLENGE 5K/10K FIT FAMILY EXPO & GOODIE BAG



PLATINUM LEVEL - \$750 Premier Placement Expo Booth

Only 5 available, next to stage and finish line. Includes:

- (1) 10'x10' canopy
- (1) 6' table, tablecloth and (2) chairs
- Exposure to more than 5,000 runners, walkers & volunteers

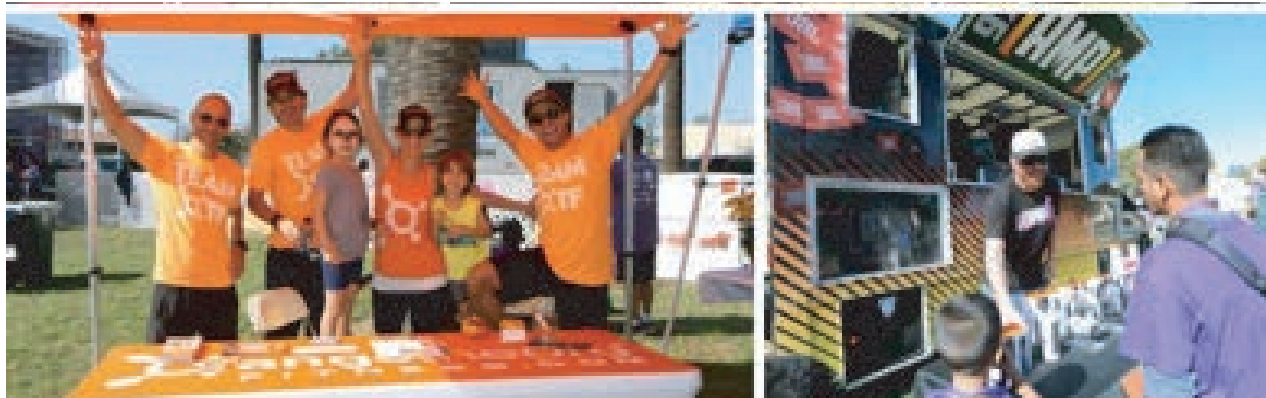
GOLD LEVEL - \$500 Exhibitor Booth in prominent location

15 available, next to Information Tent. Includes:

- (1) 10'x10' expo space & canopy
- (1) 6' table, tablecloth and (2) chairs
- Exposure to more than 5,000 runners, walkers & volunteers

BRONZE LEVEL - \$350 Goodie Bag Insert in 4,500 bags

- Goodie bag inserts can be product samples or promotional items like pens, key chains, magnets.
- Approved items need to be received by September 6, 2015



MTZ
PRODUCTIONS

Email complete to Christina@MtzPro.com
(310) 836-4100

The Hirshberg Foundation for
Pancreatic Cancer Research is
a 501(C) 95-4640311



LA CANCER CHALLENGE 5K/10K EXHIBITOR & GOODIE BAG APPLICATION

Company/ Organization: _____
 Name: _____
 Email Address: _____
 Company Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: _____ Event Day Contact Name & #: _____

Will you bring your own canopy to the event? _____
 What will you promote at your booth? Please list items for approval: _____
 Will you serve food or beverages at your booth? _____
 Do you have a branded vehicle you would like to park near your booth? _____
 Do you need electricity? _____ What will you power up? _____ Volts and amps needed? _____

PAYMENT INFORMATION:

Platinum Level Booth \$750	\$ _____
Gold Level Booth \$500	\$ _____
Goodie Bag Insert \$350	\$ _____
Electricity \$100	\$ _____
Early Registration Discount -\$50 (by 8/1)	\$ _____
TOTAL DUE:	\$ _____

Make check payable to the Hirshberg Foundation or complete credit card information below.

VISA
 MC
 AMEX
 CHECK

Credit card number: _____ Expiration Date: _____
 Name as it appears on the card: _____ Code: _____

Waiver (Must be signed): I hereby release The Hirshberg Foundation for Pancreatic Cancer Research, MTZ Productions, the City of Los Angeles, W2 Promotions, and all Municipal Agencies whose property and/or personnel are used, and other sponsoring or co-sponsoring agency(ies) or individual(s) from responsibility for any injuries or damages I may suffer as a result of my participation in this event. I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, et al, and also acknowledge that the Vendor Application Fee is non-refundable. As a participating Vendor, I certify that all the information I have provided on this form is true and complete. I have read the Information provided for the event and certify my compliance by signature below.

Signature of Company Representative: _____ Date: _____



**Email the completed application to
Christina@MtzPro.com or mail to:**
 MTZ Productions
 6444 E. Spring Street #224
 Long Beach, CA 90815

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