

# FIT FAMILY EXPO

## 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 2,500 runners, walkers & volunteers

## GOLD LEVEL

### \$500 EXHIBITOR BOOTH IN PROMINENT LOCATION

15 available, next to information tent

#### INCLUDES

- ★ (1) 10'x10' canopy
- ★ (1) 6' table, tablecloth and (2) chairs
- ★ Exposure to more than 2,500 runners, walkers & volunteers

## BRONZE LEVEL

### \$300 VIRTUAL EXHIBITOR SPOTLIGHT ON EXPO WEBPAGE

10 available on [LACancerChallenge.com](http://LACancerChallenge.com)

#### INCLUDES

- ★ Logo on Virtual Expo Page
- ★ Spotlight service or items + link to business
- ★ Digital coupon code for services/items
- ★ Social media mention + link



# EXHIBITOR APPLICATION

EMAIL APPLICATION  
Iliana@MtzPro.com  
OR MAIL  
MTZ Productions  
6444 E. Spring Street #224  
Long Beach, CA 90815

NAME .....

COMPANY/ORGANIZATION .....

ADDRESS (CITY, STATE, ZIP) .....

EMAIL .....

PHONE ..... EVENT DAY CONTACT NAME & PHONE .....

Will you bring your own canopy to the event? ☐ YES ☐ NO

What will you promote at your booth?

Please list items for approval: .....

Will you serve food or beverages at your booth? ☐ YES ☐ NO

Do you have a branded vehicle you would like  
to park near your booth? ☐ YES ☐ NO

Do you need electricity? ☐ YES ☐ NO

What will you power up? .....

Volts and amps needed? .....

## PAYMENT DUE

☐ PLATINUM LEVEL BOOTH (\$750)

☐ GOLD LEVEL BOOTH (\$500)

☐ BRONZE LEVEL BOOTH (\$300)

☐ ELECTRICITY (\$100)

TOTAL DUE \$ .....

## PAYMENT INFORMATION

Make check payable to the Hirshberg Foundation or complete credit card information below. Our Federal Tax ID is #95-464-0311

☐ Check ☐ MasterCard CC# .....

☐ Visa ☐ AMEX EXP DATE ..... CODE .....

NAME AS IT APPEARS ON THE CARD .....

**Waiver (Must be signed):** I hereby release The Hirshberg Foundation for Pancreatic Cancer Research, MTZ Productions, UCLA: UC Regents 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 ..... DATE .....

