



August 6, 2018

Dear Senior Services Provider,

I'm pleased to announce the 20th Annual Senior Resource Fair "*Living Longer, Growing Stronger in San Leandro*" will return on **Friday, October 12, 2018 from 10:00am – 1:00pm**. Sponsored by the City of San Leandro's Recreation and Human Services Department, this popular event provides an excellent opportunity for you to reach hundreds of seniors with valuable information about your services, programs and products.

If you are interested in becoming a Senior Resource Fair vendor, please fill out and return the enclosed application with your payment on or before September 14, 2018. Please note that applications submitted unaccompanied by payment will not be processed until payment is received. All paid applications must be received no later than September 14 to be considered for the event. The City of San Leandro will notify you whether or not your organization has been accepted on Friday, September 21. Application fees will be returned if your application is not accepted.
No refunds will be made after September 14, 2018.

Please be advised that the purpose of the Senior Resource Fair is to provide information for seniors and their loved ones about resources and services that are available to them throughout the community. As such, we respectfully request that Senior Resource Fair Vendors refrain from engaging in activity which is inconsistent with this purpose including, but not limited to, partisan and/or political campaign activity or retail sales during the event.

This year's theme is "**Super Heroes**". Space is limited, so please send in your completed application form with payment as soon as possible. If you have any additional questions, please give me a call at (510) 577-6053.

Sincerely,

Susan Criswell
Event Coordinator, Senior Resource Fair
510-577-6053 phone
scriswell@sanleandro.org



*20th Annual Senior Resource Fair and
Flu Shot Clinic
Friday, October 12, 2018
Vendor Application Form*

<i>Senior Resource Fair Vendor Application fee includes: 1 table, 2 chairs, morning refreshments, 2 lunches</i>	RATE
<i>For Profit Organizations</i>	\$95
<i>501(c)(3) Non Profit or Government Organizations</i>	\$70
Taxpayer ID # _____	

Please return completed application with payment to:

**Senior Community Center
Attn: Senior Resource Fair
13909 East 14th Street
San Leandro, CA 94578**

Phone: 510-577-6053 Email: scriswell@sanleandro.org

TOTAL PAYMENT OF \$ _____ is enclosed.

Please note that no refunds will be made after September 14, 2018.

Payment Method:

Check # _____ (Payable to City of San Leandro)

Credit/Debit Card

Card #: _____

Exp. Date: ____/____/____

Signature: _____

Today's Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Initials: _____ Amount: _____

Check # _____ Visa MasterCard

Non Profit Number Received Y N Application completed Y N Organization accepted Y N

Vendor participated in 2017 Y N Early Departure 2017 Y N

Please complete both sides of this application form.

Organization Information (please print):

Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email Address: _____

Web address: _____

Please briefly describe your service(s) to seniors (25 words or less):

Will you be providing any health screening(s)? If so, what type: Blood Pressure Cholesterol Screening
 Bone Density Vision Hearing Chiropractic Podiatry Other: _____

Special Requests (based on availability): *Please let us know if you need accessibility accommodations.*

Wall Space Electrical Outlet Other _____

My organization will will not donate a prize for the Senior Resource Fair raffle.

Release of Liability and Conditions of Participation:

I, _____ have read both the Vendor Application and the Cover Letter and agree to comply with all the rules and regulations of the Senior Resource Fair. In order to participate in the Senior Resource Fair, I, on behalf of myself and/or the organization I represent, hereby agree to assume all risks inherent in and arising from participating in this activity and agree to indemnify and hold harmless the City of San Leandro, its Officers, Employees, Boards, Commissions, and Agents from and against all loss and liability due to injury of persons or damage to property which I or my group may incur by reason of or arising out of my/our participation in this activity. I agree to refrain from engaging in activities that are not consistent with the stated purpose of the Senior Resource Fair which includes but is not limited to, campaign activity or retail sales during the event. I declare that I am authorized to provide the information given herein, and that, to the best of my knowledge and belief, it is true and accurate. I have read and understand the above agreement. I further understand that it is binding upon me and the organization, party/parties which I represent. I acknowledge that San Leandro takes photographs or other recordings of its activities and events for publicity and authorize the use of my image by the City.

Signature: _____ Date: _____