



**6th Annual Walk & Roll, Healthy Halloween
Vendor Registration Form**

Name of Business/Organization: _____

Are you a non-profit? Yes _____ No _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name of Person(s) staffing the booth on the day of the walk:

Cell Phone Number(s) of person(s) staffing the booth:

What do you plan on displaying or distributing at your booth? Please be as specific as possible.

Price of booth for a business is **\$150.00**

Price of a booth for a *non-profit **\$75.00**

*Please include proof of non-profit status with payment.

Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Name on Card _____ Credit Card Type _____ (Do not accept American Express)
Credit Card Number _____ Expiration Date _____ Security Code _____
Signature _____ Date _____
(This signature authorizes the Technology Access Center to charge the credit card number below the stated and agreed upon amount.)
<i>The credit card information on this form will be securely destroyed immediately after processing.</i>

Send payment to:
Walk & Roll Healthy Halloween
Attn. Evan Espey
475 Metroplex Drive, Suite 301
Nashville, TN 37211