



Help Put an End to Alzheimer's.

Maude Cobb Center, 100 Grand Blvd., Longview, TX

Vendor Registration Form

Contact Information (Please Print Clearly)

Company Name: \_\_\_\_\_
Contact Person: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City / State / ZIP: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Website: \_\_\_\_\_
Email Address: \_\_\_\_\_
Items to be sold: \_\_\_\_\_

Vendor Type & Cost (Please Check One)

- Food / Beverage (\$200; table provided) Non-Food Commercial (\$200; table provided)

Terms & Conditions

On behalf of the entire group participating in the Drive To Remember, I assume all risk of bodily injury, property damage, and personal damage that may occur by participating in the Drive To Remember and, for myself/ourselves, their heirs, executors, and administrators, do hereby forever waive and release any and all claims against and agree to hold harmless the Drive To Remember, its committee, sponsors and volunteers, and the City of Longview with their respective officers, employees, agents, representatives, volunteers, successors or assigns any kind from any and all claims which may be made for any cause whatsoever arising as a result of participation. Further, I hereby consent to allow my picture or likeness to appear in any official document, news release, sponsor advertisement and/or television and radio coverage of the events within or as part of the Drive To Remember, and grant permission to use and/or publish photographic portraits, or pictures, video tape or film of me in which I may be included in whole, part, composite or reproductions thereof in black and white and/or color or otherwise made through any media now known, for art, advertising trade or any other similar lawful purposes whatsoever, including the publicity and promotion of this event itself, excluding commercial use of or by marketing sponsors. I understand and agree that I must not breakdown my display or leave the show prior to its closing. I understand and agree that I am responsible for providing my own water and power for my booth.

I agree to the Drive To Remember Terms & Conditions as stated above.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Enclosed is Check No.: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Please make all checks payable to "Drive To Remember".

Mail to: PO Box 5924 Longview Tx 75608