



Vendor Participation Form
2022

Vendor/Company Name: _____

Address: _____

Contact Name: _____

Email: _____ Phone: _____

Additional Contact: _____

Email: _____ Phone: _____

of Staff: _____

Will Provide -

Program Information:

Services:

(All services and Information to be provided at no charge)

Please note: You must provide your own tables, chairs and canopies

- All Vendors are asked to check in with ILA Staff between 10am-10:45am to receive location assignment.
The event runs from 12:00 PM – 2:00 PM. All vendors must be set up by 11:30 AM and are asked to remain for the entire event.
A flyer has been provided with event details.
Contact Alexis Anderson at (619) 405-4574 for more information
To participate, please submit this form to: sandiego@ilacalifornia.org

I, the undersigned, agree to hold harmless all representatives of Community Health Improvement Partners, the Independent Living Association Program and it's funder, from and against all liability which may accrue as a result of participation in the event. In addition, I agree to follow any and all rules, guidelines and directions.

Signature: _____ Date: _____

