PRESENTING SPONSOR















## Saturday, January 28, 2023 8:00 a.m. to 1:00 p.m. 10K • 5K • 1K Fun Run Ruth Hardy Park, Palm Springs, CA

## **VENDORS & EXHIBITORS**

☐ Corporation/Business ☐ Non-Profit Organization

| ☐ Municipality (Federal, State, County, City) ☐ Neighborhood / Homeowners Association/Individual   |  |                            |
|--|--|----------------------------|
| VENDOR & EXHIBITOR INFORMATION — Please F  | Print Clearly, Sign and I  | Date                       |
| Contact Name/Title:  |  |                            |
| Company Name:  |  |                            |
| Address:   |  |                            |
| City:  | State:   | ZIP:                       |
| Phone:   | Fax:   |                            |
| Email:   |  |                            |
| City of Palm Springs Business Licence Number: (required if selling a   | nything)   |                            |
| Health Department Number/Permit: (required if a food or beverage vene  | dor)   |                            |
| VENDOR/EXHIBITOR FEE: \$300 Includes 10'x10' booth SPACE, table, 2 chairs. Logo with link on PalmSpringsHealthRun.com All vendors and exhibitors must be self-sufficient by providing their own tent. This is an outdoor city park event. Power is limited. If you need 110 volt power, please let us know in advance. |  |                            |
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| Power is limited. If you need 110 volt power, please let us kn   | ow in advance.   | ••                         |
| Power is limited. If you need 110 volt power, please let us kn  CREDIT CARD PAYMENT:   | ow in advance.   |                            |
| Power is limited. If you need 110 volt power, please let us kn  CREDIT CARD PAYMENT:  Name on Credit Card:   | ow in advance.  Exp:   | CVV:                       |
| Power is limited. If you need 110 volt power, please let us kn  CREDIT CARD PAYMENT:  Name on Credit Card:  Acct. No.:   | ow in advance.  Exp: Da  | CVV:                       |
| Power is limited. If you need 110 volt power, please let us kn  CREDIT CARD PAYMENT:  Name on Credit Card:  Acct. No.:  Authorized Signature:  CHECK PAYMENT:  | ow in advance.  Exp: Da  dian Canyon Dr., Suite E, Pa                                    | CVV:<br>te:                |
| Power is limited. If you need 110 volt power, please let us known credit CARD PAYMENT:  Name on Credit Card:  Acct. No.:  Authorized Signature:  CHECK PAYMENT:  Make check payable to: Hocker Productions. Mail to: 2286 Inc.  VENDOR/EXHIBITOR AGREEMENT: This registration form will act a                          | ow in advance.  Exp:  Da  Da  Sign Canyon Dr., Suite E, Pa  as a contract with Hocker Pr | CVV:<br>te:                |





ph: 760-409-1530 email: jeffhocker1@gmail.com







