



PRESENTED BY WILSHIRE HOSPICE

11.4.2017 · 10am-3pm · Mission Plaza

2017 Vendor Information

We invite you to participate in Día de los Muertos San Luis Obispo by having an altar or booth at the event. Nonprofit and education organizations, vendors with food, art or retail merchandise are welcome.

SPACES are 10' x 10' and vendors must provide their own tables and chairs. Tents are not required but are encouraged due to possible changing weather conditions.

RATES:

	Early Bird <i>received by 10-2-17*</i>	Regular <i>till 10-16-17</i>
Altar Spaces Only (no promotional materials or products)	\$30	\$35
Non-Profit Organization/Educational	\$45	\$55
Food/Art/ Themed Vendors* (promoting culture 50%+)	\$85	\$100
Food/Art/Other Vendors	\$110	\$135

**If your booth has 50% or more food, art or retail merchandise relevant to Día de los Muertos and/or the culture within which it developed, you may qualify for this reduced rate. Please call for details.*

VENDOR REQUIREMENTS

- Vendors to provide County/City Business License (if applicable)
- Vendors are welcome to participate in the Día de los Muertos theme altar contest
- Food vendors must have existing relationship with Public Health, or submit event application
- Non-Profit participants are encouraged to incorporate Día de los Muertos booth decorations
- Vendors may only sell items/promote themselves as described on their registration form
- **NO refunds of vendor booth fees after 10/2/2017 – EVENT HELD RAIN OR SHINE!**
- Make all checks payable to: **Wilshire Hospice (Day of the Dead in memo line)**
- **Mail all forms and payments to:**
Wilshire Hospice
Day of the Dead
285 South Street, Suite M
San Luis Obispo, CA 93401
- **Email forms:** dod@wilshirehcs.org

For questions or additional information, please contact:

(805) 269-0141, fax (805) 269-0145 or email: dod@wilshirehcs.org

www.diadelosmuertosSLO.org

Día de los Muertos Vendor Registration Form

Vendor/Organization/Group Name: _____

Type of Vendor: Profit Non-Profit Organization/Educational Altar Only

Do you want to participate in the altar contest? Yes No

Contact Person: _____

Contact Email: _____

Phone (office): _____

Phone (cell): _____

Website: _____

Address: _____

Fax: _____

What will you be selling, promoting, or educating the community regarding?

City of SLO Business License # (if applicable) _____

Special Requests _____



OFFICE USE ONLY

VENDOR FEES PAID _____ DATE _____ PMT TYPE _____

VENDOR APPROVED? YES/NO

NOTIFICATION DATE _____ BY _____

Release & Waiver of Liability and Indemnity Agreement

The undersigned, desiring to participate as a vendor at the "Día de los Muertos" ("Event") does hereby tender this application. If the selection committee accepts the applicant vendor, which it may do it is sole and absolute discretion, the undersigned agrees as follows:

- 1) To Release Wilshire Hospice and any other participating organizers, and sponsors, including each of their representing officers, directors, members, managers, employees, contractors and/or other members and volunteers from any and all claims, causes of action or liability (including but not limited to that for vendor's property damage, bodily injury or lost profits) arising, directly or indirectly, out of vendor's participation in the Event, including any claim, cause of action or liability due to ordinary negligence of one or more of the releasees. Vendor hereby acknowledges it has read and understands California Civil Code Section 1542 which section states as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

Having read and understood Section 1542, vendor hereby waives the provision of said section and assumes all risks for claims heretofore and hereafter arising, known or unknown from the Event, and notwithstanding the provisions of Section 1542, hereby knowingly voluntarily and expressly releases releasees from all liability for claims arising out of, connected with or relating to the Event.

- 2) To hold harmless, indemnify and defend releasees from and against any loss, liability, damage, cost or expense (including a reasonable attorney's fee) related to any claim or cause action arising, directly or indirectly, out of the vendor's participation in the Event.
- 3) To abide by the guidelines under which said Event will be operated.
- 4) That the foregoing release, waiver and indemnity agreement is as broad and inclusive as is permitted by the law in the State of California.
- 5) In the event that vendor or any releasee hereunder institutes and action to interpret or enforce the terms of this agreement, the party prevailing in any such action shall be entitled to an award of its reasonable costs and attorney's fees
- 6) That the undersigned has carefully reviewed this application and has been given an opportunity to have it reviewed by legal counsel.

Vendor Authorized Signature: _____

Name/Title: _____ Date: _____



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2017 In-Kind Donation

Title of Donated Item: _____

Donor's Name for Recognition _____

Complete Description of Item _____

Limitation (Expiration Date, # of People, Special Instructions?) _____

Approximate value of item \$ _____ Does the item need to be picked up? yes / no

Donor Contact Info:

Donor/Contact Name _____

Company Name (if relevant) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Donor's Signature _____

Thank You for supporting Wilshire Hospice, an agency of Wilshire Health & Community Services, Inc, a 501(c)3 not for profit, tax exempt organization, Tax Id #77-0475425. Your contribution to Wilshire Hospice will benefit hospice patients and their families by helping defray the cost of care, medications, and equipment given to patients who have no insurance and/or for unreimbursed services.



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HOSPICE

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