




**SCVMC
VENDOR
FAIRS**



**VALLEY MEDICAL CENTER
foundation**
Helping Silicon Valley Care

Spring 2018: February 7 • Fall 2018: August 15 • 5 to 7 pm
 BASCOM COMMUNITY CENTER, 1000 BASCOM AVE, SAN JOSE, CA 95128

PLEASE PRINT OR FILL OUT PDF FORM Complete all sections and retain a copy for your records. Applications will not be processed until full payment is received. Incomplete applications may result in delay. Booth space will be filled in the order that applications and payment are received. **Contact: Julie Ott, Julie.Ott@hhs.sccgov.org, 408.282.2687 phone, 408.885.5207 fax**

Company Name

Company URL

Contact Name

Title

Email

Cell Phone

Street Address

City, State, Zip

Attendee 1

Attendee 2

EXHIBIT REQUIREMENTS

Will you need electricity for the exhibit? Yes No Will you need a tablecloth? Yes No

PRODUCT/SERVICE CATEGORY What hospital department(s) or business categories do your products/services apply to?

ARE THERE ANY SPECIFIC INDIVIDUALS FROM THE HOSPITAL YOU WOULD LIKE TO SEE PRESENT?

HOW WOULD YOU LIKE TO BE LISTED ON PROMOTIONAL MATERIALS?

COMPANY DESCRIPTION FOR DIRECTORY A brief, 75-word (or less) description of your company's products/services will be included in a vendor directory that will be given to all hospital attendees at the event.

MULTIPLE EXHIBITS MAY BE PURCHASED. SPACE IS FILLED IN THE ORDER THAT PAYMENT IS RECEIVED.

Standard exhibitor includes a 6' table, two chairs, internet access and electricity (if requested).

Premier exhibitor includes upgraded booth location, your choice of larger table or additional exhibit space, internet access, and mentioned in email blasts to all SCC Health & Hospital employees (17,000 impressions). Additionally, the VMC Foundation will personally invite up to 10 SCVMC staff members designated by you and encourage them to attend. Space is limited to 10 exhibitors.

Registration	Fee	Spring deadline	Fall deadline
Single event (spring or fall), early bird – standard exhibitor	\$1,000	1/7/18	7/15/18
Single event (spring or fall), standard exhibitor	\$1,250	2/7/18	8/15/18
Single event (spring or fall), early bird – premier exhibitor	\$2,000	1/7/18	7/15/18
Single event, premier exhibitor	\$2,250	2/7/18	8/15/18
Combo package (spring + fall), standard exhibitor	\$1,750	2/7/18	n/a
Combo package (spring + fall), premier exhibitor	\$3,500	2/7/18	n/a

SET-UP & EXHIBIT TIMES Set-up begins at 4 pm on the day of the fair, which runs from 5 to 7 pm.

SHIPPING INFORMATION Items must be shipped to Valley Medical Center, which is approximately 0.7 miles from the event site (Bascom Community Center). Item pickup is between 8 am and 3:30 pm on fair days.

Shipping Address Valley Medical Center Equipment Control Warehouse, Attn: The VMC Foundation, 800 Thornton Way, San Jose, CA 95128

Equipment Control Warehouse You may email equipmentcontrol@hhs.sccgov.org or call 408.885.2090 between 6:30 am and 3:30 pm, Monday through Friday. The warehouse is closed for all county-recognized holidays.

TERMS AND CONDITIONS

By completing this application, the vendor agrees to comply with all terms and conditions as stated.

1. The purpose of exhibiting at the SCVMC Vendor Fair is to share information with attendees on the products/services offered by the vendor. The VMC Foundation makes no endorsements, expressed or implied, of any vendors or their representatives.
2. No refunds will be given for vendors who fail to show up for the event.
3. The VMC Foundation reserves the right to exercise, at its sole discretion, the acceptance or refusal of any application.
4. Proceeds from this event will benefit the VMC Foundation.

AUTHORIZATION

I am an authorized company representative with full authority to sign and deliver this application. The company listed on this application agrees to comply with all of the rules, terms and conditions contained in this exhibitor application. I further acknowledge that the VMC Foundation reserves the right, at its sole discretion, to reject this application for exhibit space.

Name _____ Title _____
 Signature _____ Date _____



Pay online at vmcfoundation.org/vendorfair or use the form below.

Payment by Check: Make a check payable to the VMC Foundation with "Vendor Fair" on the memo line, and mail to 2400 Moorpark Avenue, Suite 207, San Jose, CA 95128.

<p>SPONSORSHIP/EXHIBIT LEVEL <small>SELECT ONE.</small> Please see chart on page 2 for registration deadlines.</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">Single event, early bird</td><td style="width: 30%; text-align: center;">\$1,000</td><td style="width: 40%;"></td></tr><tr><td style="padding-left: 40px;">Spring</td><td></td><td style="text-align: center;">Fall</td></tr><tr><td>Single event, standard exhibitor</td><td style="text-align: center;">\$1,250</td><td></td></tr><tr><td style="padding-left: 40px;">Spring</td><td></td><td style="text-align: center;">Fall</td></tr><tr><td>Single event, premier exhibitor</td><td style="text-align: center;">\$2,000</td><td></td></tr><tr><td style="padding-left: 40px;">Spring</td><td></td><td style="text-align: center;">Fall</td></tr><tr><td>Combo package, standard exhibitor.</td><td style="text-align: center;">\$1,750</td><td></td></tr><tr><td>Combo package, premier exhibitor.</td><td style="text-align: center;">\$3,500</td><td></td></tr></table> <p>I would like to underwrite the event with an additional donation of:</p> <p>Total commitment:</p>	Single event, early bird	\$1,000		Spring		Fall	Single event, standard exhibitor	\$1,250		Spring		Fall	Single event, premier exhibitor	\$2,000		Spring		Fall	Combo package, standard exhibitor.	\$1,750		Combo package, premier exhibitor.	\$3,500		<p>PAYMENT INFORMATION</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">Check enclosed</td><td style="width: 33%;">Check to be mailed</td><td style="width: 33%;"></td></tr><tr><td>VISA</td><td>MC</td><td>AmEx</td></tr><tr><td colspan="2">Account Number</td><td>Expiration</td></tr><tr><td colspan="3">Name on Card</td></tr><tr><td colspan="3">Cardholder Address (if different from contact information)</td></tr><tr><td colspan="2">Signature</td><td>Date</td></tr></table>	Check enclosed	Check to be mailed		VISA	MC	AmEx	Account Number		Expiration	Name on Card			Cardholder Address (if different from contact information)			Signature		Date
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