

# SCVMC VENDOR FAIRS



VALLEY MEDICAL CENTER  
foundation

Helping Silicon Valley Care

Spring 2020: March 18 • Fall 2020: August 26 • 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**

<input type="text"/>	<input type="text"/>
Company Name	Company URL
<input type="text"/>	<input type="text"/>
Contact Name	Title
<input type="text"/>	<input type="text"/>
Email	Cell Phone
<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip
<input type="text"/>	<input type="text"/>
Attendee 1	Attendee 2

**SPONSORSHIP/EXHIBIT LEVEL** SELECT ONE.

Please see chart on page 2 for registration deadlines.

- Single event, early bird ..... \$1,000
  - Spring (Due by 2/18/20)
  - Fall (Due by 7/26/20)
- Single event, standard exhibitor ..... \$1,250
  - Spring (Due by 3/18/20)
  - Fall (Due by 8/26/20)
- Single event, early bird - premier exhibitor ..... \$2,000
  - Spring (Due by 2/18/20)
  - Fall (Due by 8/26/20)
- Single event, premier exhibitor ..... \$2,250
  - Spring (Due by 3/18/20)
  - Fall (Due by 8/26/20)
- Combo package, standard exhibitor ..... \$1,750
  - Spring (Due by 3/18/20)
- Combo package, premier exhibitor ..... \$3,500
  - Spring (Due by 3/18/20)
- I would like to underwrite the event with an additional donation of:

Total commitment:

**PAYMENT INFORMATION**

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

- Check enclosed     Check to be mailed

**FINANCIAL SERVICE**

- VISA     MC     AmEx

<input type="text"/>	<input type="text"/>
Account Number	Expiration
<input type="text"/>	
Name on Card	
<input type="text"/>	
Cardholder Address (if different from contact information)	
<input type="text"/>	<input type="text"/>
Signature	Date

### 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?**

### 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.

**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](mailto: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 County of Santa Clara Health System requires all vendors to comply with its policies and procedures; including procurement and bidding procedures, registration in the vendor system ("Vendor Mate") and when applicable, clearance by the relevant committees responsible for patient safety and the efficacy of equipment, devices, etc. Please [click here](#) to review the County of Santa Clara policy regarding Vendors and the process to become a vendor with CSCHS.
2. 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.
3. No refunds will be given for vendors who fail to show up for the event.
4. The VMC Foundation reserves the right to exercise, at its sole discretion, the acceptance or refusal of any application.
5. 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