

Dear Potential Vendor,

Thank you for your interest as a possible vendor at New Beginning Kidney Foundation's 7<sup>th</sup> Annual Black Tie Event! The event is a formal gala and our largest fundraiser of the year for the kidney community. Information on New Beginning Kidney Foundation you can visit [www.newbeginningkidney.com](http://www.newbeginningkidney.com)

We are preparing for 300 attendees and want to offer a diverse selection of excellent product that may be available to purchase. We are only offering tabletop for vendors display because of the allotted space. Tables will be draped and uniformed to keep the elegant flare of the room.

Vendors will be selected based on space availability as well as product distinction.

Please note the following important information:

Anyone selling their merchandise must go through the application process

- Tables are 6' long and will be provided with tablecloths
- Payment Schedule: Due at time of Applications submitted
- Approved Vendors are non-refundable
- Setup time available 3:30pm - 5:00pm
- Advertisements in our ad booklet are due by February 25<sup>th</sup>, 2020

To be considered, please print out the application on the following page, fill it out and submit to [nbkfoundation@gmail.com](mailto:nbkfoundation@gmail.com) send your payment via cashapp \$newbeginningkidney

Thanks again for your interest-please feel free to contact me with any questions! Rhonda Paris, Fundraiser Coordinator (678)- 740- 1237

**Event Location:** Grand Royale Event Center, 4473 Covington Hwy. Decatur Ga. 30035

Anita Christian-Harper, Founder & CEO

## **VENDOR APPLICATION**

**Event Name: 7<sup>th</sup> Annual Black-Tie Banquet Honoring Kidney Survivors**

Name of your Business: \_\_\_\_\_

Name Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Brief description of product(s):

---

---

General Vendor Table 6' = \$50.00

Those that want to join in the banquet hall will be asked to pay additional ticket price of \$65.00

Ad Booklet is also available separately and pricing is added in this packet

Please print this page, complete this form, email/mail it, artwork with complete payment. Dateline 2/25/2020

New Beginning Kidney Foundation Inc. P.O. Box 344 Conyers, Ga. 30012

**PLEASE MAKE CHECKS PAYABLE TO N.B.K.F. or New Beginning Kidney Foundation Inc.** Comments: specify vendor

I understand and agree that New Beginning Kidney Foundation Inc., its advisors and principles, and/or the Host Center will not be held responsible for any loss, theft or damages that might occur.

Signature \_\_\_\_\_

Date \_\_\_\_\_