

PARTICIPATING VENDOR FORM

College:	(Name of college)
Non-profit:	(Name of non-profit)
For Profit:	(Name of for-profit)
Name of Busi	ness:
Contact Perso	on:
Business Add	lress:
Phone:	Fax:
Email:	······································
Number of Guest I Pla	None, I will attend alone. 1 additional guest
Guest 1 First and Last	Name:
Phone Number:	Email:
Guest 2 First and Last	Name:
Phone Number:	Email:
Will you provide a bil	ingual (English/Spanish) speaker to staff your booth? Yes No
prize during a drawing I will be bringing a gif Expectation of Privac are intended to be used	sking for you/your organization to donate a gift basket that will be given to students/parents as a for attending workshops and completing a passport. It basket/raffle item to be given during our workshops (Initial)* ———————————————————————————————————
social media site and y	nform the photographers and videographers. Should a photo or video appear on our website or ou would like it removed, contact Martina Granados at martinag@csufresno.edu.

All Vendors will be provided the following: one 6ft Table, 2 chairs and 2 waters

*Bring your own tablecloth/canopy (Per University policy, canopies must be **fire retardant** and weighed down using sandbags, water jugs, bricks, etc. **Note**: Garden stakes are **not** permitted.) Exhibitors may start setting up on Saturday, October 14, at 8:30 a.m. Exhibitors must be ready to greet guests by 9:45 a.m. and can start breaking down at 3:00 p.m.

Please **submit this completed form** to: ospinfo@mail.fresnostate.edu; For more information please call 559.278.5374

Make Check Payable to: Fresno State

Mail payment with copy of this registration form to:

Fresno State Cashiering Services 5150 N. Maple Ave. M/S JA 58 Fresno, CA 93740-8026









Cashiering Services Use Only

Dept Code: OSP Item Code: OSP-FDE 580922/496F9/62485/48511