

PARTICIPATING VENDOR FORM

• College:	(Name of college)
• Non-profit: _	(Name of non-profit)
• For Profit:	(Name of for-profit)
Name of B	usiness:
Contact Pe	rson:
Business A	Address:
Phone:	Fax:
Email:	
	 CSU Universities (FREE) Fresno State Programs/Offices/Campus Resource/Student Services (FREE) Sororities/Fraternities (FREE) Non-profit Organizations \$75 (must provide proof of 501c3) Community Colleges \$200 For Profit Entities \$300 Guest I Plan on Bringing: None, I will attend alone. 1 additional guest 2 additional guests st Name:
Phone Number:	Email:
Guest 2 First and La	st Name:
Phone Number:	Email:
Will you provide a	bilingual (English/Spanish) speaker to staff your booth? Yes No
	e asking for you/your organization to donate a gift basket that will be given to students/parents as a ang for attending workshops and completing a passport.
	gift basket/raffle item to be given during our workshops (Initial)*
are intended to be uphotographed, pleas	vacy: A professional photographer and videographer will be on-site during the entire event. Images sed only for non-commercial, educational, and promotional purposes. If you do not want to be se inform the photographers and videographers. Should a photo or video appear on our website or do you would like it removed, contact Martina Granados at martinag@csufresno.edu. I agree to the racy (Initial)*

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 5th, at 8:30 a.m. Exhibitors must be ready to greet guests by 9:45 a.m. and can start breaking down at 2:30 p.m.

Please shut down for the opening ceremony between 10:00 a.m. - 10:45 a.m.

Please **submit this completed form by Tuesday, October 1, 2024** to: gonzalezj@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









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