

AN AFTERNOON WITH THE GIRLS  
*Bustier Brunch*

Sunday, October 1, 2017

\* 1pm-5pm \*

Camelot by Martin's, Upper Marlboro, MD

**VENDOR AGREEMENT FORM**

To confirm your support, please complete the information below and fax it to **(202) 688-0102** or mail to the address below. Vendor Commitment must be received no later than **Tuesday, September 12, 2017**. **For more information please contact our office at (202) 688-0101 or via email at natalie@www.testmybreasts.com.** Natalie Williams Breast Care Foundation is a non-profit organization registered in the District of Columbia. Tax identification numbers are available upon request.

[Vendor Forms must be submitted two weeks before the event!]

Company Name: \_\_\_\_\_

Onsite Contact:  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Description of items to sell or promote: \_\_\_\_\_

**Cost: \$250.00 per booth**

- **NWBCF will provide (1) 6' table and 2 chairs.**
- The event officially opens at 12:30pm. Vendors must be present and in place by 11:45 am. Break down is 5:00pm.
- Vendors are responsible for leaving the area in the same condition as they found it.
- We reserve the right to censor any booth.

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|---|
| <p><b>Total<br/>Amount<br/>Enclosed</b></p> <p>\$ _____</p> |
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**Registration form and signed Waiver of Responsibility required for each vendor.**

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against the Natalie Williams Breast Care Foundation, National Park Service, its members, officers, and employees will not be held responsible for any liability, lost or stolen or damaged merchandise or any injury incurred during the Bustier Brunch.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAKE CHECKS/MONEY ORDERS PAYABLE TO:**

**Natalie Williams Breast Care Foundation**  
 All Vendor registrations must be received by  
 Tuesday, September 12, 2017

**CREDIT CARDS:**

Visa  MC  AMEX Address must match the company address provided above.

**MAIL TO:**

Natalie Williams Breast Care Foundation  
 P.O. Box 30272, SE  
 Washington, DC 20030

Card Number \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_ CVC \_\_\_\_\_

Cardholder acknowledges receipt of the above goods and/or services and agrees to pay the total, according to the agreement with the card issuer.