



**African American Breast Cancer Alliance, Inc.**  
**PO Box 8981 - Minneapolis, MN 55408**  
 Phone: **(612) 825-3675**, Fax: **(612) 827-2977**  
 Email: **aabca@aabcainc.org**  
 Web: **www.aabcainc.org**

## **Vendor Application** ***You're Invited!***

<b>What</b>	20 year Anniversary and Cancer Survivors Celebration, "A Night of Shining Stars Gala"		
<b>Who</b>	Cancer survivors, family, friends, community, corporate, medical providers, and social service agencies		
<b>When</b>	<b>Saturday, October 23, 2010</b>		
<b>Time</b>	<b>Set up 12:00 pm – 4:00 pm. Clean up by 10:30 pm</b> Reception and Resource Fair begins at 5:00 pm		
<b>Where</b>	<b>Hilton Garden Inn – City Center, Atrium, 2<sup>nd</sup> Floor 411 Minnesota Street, St Paul, MN</b>		
<b>Registration Fee only</b>	<input type="checkbox"/> <b>\$75</b> – Space only to display information and items		
<b>Registration Fee and Dinner</b>	<input type="checkbox"/> <b>\$110</b> – 1 Dinner included with Exhibitor Space to display information and items		
<b>Includes</b>	Table (6 foot), dressed with white linen and 2 chairs		
<b>Number of attendees</b>	250 expected		
<b>Contact Person</b>			
<b>Email</b>		<b>Phone #</b>	
<b>Name of Business, Company, Organization</b>			
<b>Print exact name for program book</b>			
<b>Address</b>			
<b>City</b>	<b>ST</b>	<b>Zip</b>	
<b>Phone #</b>		<b>Fax #</b>	<b>Tax ID #</b>

**Please indicate the items and materials to be displayed or sold:**


**Please Email your corporate logo in high resolution, JPEG or TIFF format at 300 dpi**

Please Note:

1. Application processing deadline is Tuesday, October 5, 2010.
2. Vendors set up starts at 12:00 pm and clean up by 10:30 pm.
3. All returned NSF checks will be charged a \$36.00 fee. No Refunds.
4. The AABCA, organizers or hotel is not liable for damaged, lost or stolen items.

**Please complete this form, make check or money order payable and mail to: AABCA, Inc. PO Box 8981, Minneapolis, MN 55408**

<b>Signature of Authorized Vendor</b>	<b>Date</b>
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- **A donated gift for guest drawing and information requested, optional.**
- **Additional Dinner Ticket \$50 per person for Vendors**

**Thank you for participating in our celebration!**