



2010 UnitedHealthcare NC MARATHON LIVE HEALTHY EXPO ***VENDOR APPLICATION***

STEP #1

Company Name: _____ Contact: _____

Contact Title: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

STEP #2

Products to be displayed or sold at your table and/or demonstrations:

STEP #3-EXPO DISPLAY TIMES (VENDORS HAVE TWO OPPORTUNITIES FOR DISPLAY)

Friday, March 19, 2010- Noon - 10 pm; Set-up begins at 10 am

Saturday, March 20, 2010- 8 am-2:30 pm; Set up begins at 7 am

STEP #4

Vendor Table = \$250 _____

TOTAL DUE = _____

STEP #5: Payment Options

- Check Payable to: Foster Friends of NC
- Charge My Credit Card "Total Due"
 Visa, Mastercard, American Express

Card Expiration Date (month/year): _____ / _____

Card No.: _____

Authorized Cardholder's Signature *Date*

STEP #6

Send Application & Payment to:
Foster Friends of North Carolina
PO Box 49605
Greensboro, NC 27419
Phone & Fax 336.834.9919
lwatts@ncmarathon.com

All Fees Are Tax Deductible
Foster Friends of North Carolina is a non profit, charitable organization that provides a brighter future to children experiencing foster care.
Tax ID# 65-1253675