

The Hazel McCallion Waterfront Walk

VENDOR BOOTH APPLICATION FORM

Proceeds support Trillium Health Partners

Company Name: _____

Contact Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Products to be displayed at booth: _____

Products to be sold at booth: _____

Do you require an electrical outlet?

PAYMENT OPTIONS:

Enclosed is my \$250.00 cheque payable to Trillium Health Partners Foundation

Please charge \$250.00 to my: o Visa o MasterCard o Amex

Will you be donating a part of proceeds? If yes, what amount? _____ % of proceeds

Total Amount: _____

Card Number: _____ Exp. Date _____ / _____

Name on Card: _____

Please send this page to Lida Klemmensen via:

Email: Lida.Klemmensen@thp.ca
 Mail: Trillium Health Partners Foundation
 89 Queensway West, Suite 800
 Mississauga, ON L5B 2V2

Trillium Health Partners Foundation respects your privacy and protects your personal information. We do not rent, sell or trade our mailing lists. The information you provide will be used to issue receipts and to keep you informed of Foundation activities. If you would like to be removed from our contact list, please call 905.848.7575 or email foundation@thp.ca and we will accommodate your request. Photos taken at the event will be used in marketing and promotional materials.

For more information, please contact Lida Klemmensen. T: 416-274-8465 E: Lida.Klemmensen@thp.ca

Charitable Business Number **119 245 678 RR0001**