



BUDDY WALK 2019 EXHIBITOR APPLICATION

(Registration Deadline October 7th, 2019)

Date: _____

Organization/Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____ Email: _____

Brief description of Services/Products that your Organization/Company provides:

Brief description of the activity you will be providing or any items that will be given as promotional gifts (*Selling items is prohibited*):

Exhibitors will be provided a 6-foot table and two chairs. Please note there will not be any access to power, as this is an outdoor event. Feel free to bring a tent and other items for your area.

Please indicate one of the following:

- Nonprofit Organization registration fee of \$50 enclosed: _____
- For Profit Organization/Company registration fee of \$100 enclosed: _____

-Checks should be made payable to the Down Syndrome Association of South Texas and mailed to Down Syndrome Association, 1127 Patricia San Antonio, TX 78213

-Or pay online at <https://www.ds-stride.org/buddywalksouthtexas/payment/exhibitor>

Completed Applications can be sent to Ashley Brooks at abrooks@dsastx.org

For Office Use Only:

Date Application Received: _____ Date Registration Fee Received: _____