



Business Name: _____

Contact Person: _____

Business Website: _____

Business Phone: _____ Contact Phone: _____

Business Email: _____ Contact Email: _____

Please select your business type:

- MERCHANT (\$100)**
Adults with a disability that have a product they sell OR a family with a special needs diagnosis that is fundraising for a medical treatment, service animal, adoption or other worthy cause. All items need to be packaged and ready for sale at time of event. There are no onsite creations.

- NON-PROFIT (\$150)**
Organizations may participate and use this platform as a fundraiser, if you have an item or items that could be sold. Nonprofits that choose to participate will be required to have a product for sale.

- SPONSOR (\$200)**
Businesses that want to distribute materials and information.

Vendor Set Up

Each Booth will be 10 X 10 with electric outlet. Since this is a night event, we ask that you bring fun lights to decorate your tent.

Choose One:

- I will bring my own table, tent, and chairs.
- I will need to rent the table, tent, and chair (Abilities will connect you with a third-party vendor approx. \$75 rental)

Merchants and Non-Profits:

Please Provide a brief description of the item(s) you plan to sell:

No Items can be manufactured onsite and any food or beverages must be pre-packaged.

Raffle: We encourage all vendors to donate something to the event raffle. Create a small basket with swag, giveaways, merchandise, etc and we will include your entry in the raffle giveaway.

Please list what will be included in your raffle entry:

TOTAL COST SUMMARY AND PAYMENT:

Vendor Booth (10x10 with electric outlet)

- MERCHANT (\$100)
- NON-PROFIT (\$150) Non-Profit EIN Number (if applicable) _____
- SPONSOR (\$200)
- Tent, Table and Chairs -Bringing (\$0.00)
- Tent, Table and Chairs - Renting from Third Party

Payment to Abilities Workshop, Inc *Reservations are confirmed upon receipt of payment

Pay Online: www.AbilitiesWorkshop.com/merchant

Pay By Check (Mail To):

Abilities Workshop, Inc

631 Palm Springs Drive #107 Altamonte Springs, FL 32701

Signature of (Company) Representative

X _____

Printed Name _____ Date _____