survive HEADSTRONG™

walk for recovery

Be an Exhibitor at the Largest Brain Injury Celebration of the Year!

The San Diego Brain Injury Foundation (SDBIF) would like to invite you to be an exhibitor at our 13th annual walk event – the 2020 surviveHEADSTRONG - Walk for Recovery on **Saturday, March 21, 2020**, at **Mission Bay Park De Anza Cove**. We anticipate between 700-1000 participants at our 2020 walk! Event registration opens at 8:00 am, the walk starts at 9:15 am and concludes at 1:00 pm.

We ask that you review the following pages and return your signed form to:

The San Diego Brain Injury Foundation
Via mail: PO Box 84601, San Diego, California 92138
Via fax: (619) 294-2911
Via email: walk@sdbif.org

Each exhibitor space costs **$100** and will be approximately **10 feet by 10 feet** ground space. You may bring your company canopy, linens, signage, table, and chairs at no additional cost. Unfortunately, electricity will not be available. If you would like SDBIF to provide you a table, please indicate this on the form and include an additional fee of **$50**. Your payment must accompany this application.

Space is limited, so reserve your exhibitor space today. Exhibitors who get their applications in early, will get first placement option. Applications will not be accepted after **Friday, March 6, 2020**.

Thank you for taking the time to consider being a part of our 2020 walk. We, along with brain injury survivors and their families living in San Diego, look forward to your participation and help. Your support brings hope and encouragement to us all.

If you have any questions or need assistance, please call us at **(619) 294-6541**.

Thank you!

SDBIF
SAN DIEGO
BRAIN INJURY FOUNDATION

2020 surviveHEADSTRONG walk for recovery

Will you be a part of it?

EXHIBITOR APPLICATION

☐ **YES!! WE WOULD LIKE TO RESERVE AN EXHIBITOR SPACE** **$100**

Exhibitors will also get the following perks:

- Company logo placement on:
  - » SDBIF website event page
  - » SDBIF Facebook page post
- Opportunity to provide promotional items to give out to walk attendees, *upon approval**

☐ **YES!! WE WOULD ALSO LIKE SDBIF TO PROVIDE A TABLE FOR US** **$50 ADDITIONAL**

- 6 Foot Tables
- Please bring your own table linens, canopy, chairs, signage and promotional give-aways

☐ **SORRY, WE CANNOT PARTICIPATE THIS YEAR, BUT WE WOULD LIKE TO MAKE THE FOLLOWING DONATION!**

$ _____

☐ **SORRY, WE CANNOT PARTICIPATE THIS YEAR. PLEASE CONTACT US NEXT YEAR.**

EXHIBITOR AGREEMENT

The San Diego Brain Injury Foundation (SDBIF) reserves the right to deny the distribution of any items not listed on the Exhibitor application. SDBIF is not granting a license to sell.

The parties agree that SDBIF will provide the **10' x 10' ground space**. If you would like for SDBIF to provide a table, please indicate this on the Exhibitor application and include an additional fee of **$50** dollars. Any additional structure needed must be provided by the Exhibitor. No electricity will be provided.

The Exhibitor may set up between **7:00 am to 8:00 am**.

The parties agree that the Exhibitor is responsible for cleaning up and removing all structures from their immediate area by **1:00 pm** on **Saturday, March 30, 2019**.

The parties agree that the Exhibitor shall comply with all federal, state, and local laws, rules, and regulations.

In signing below, Exhibitor agrees to defend, indemnify and hold harmless SDBIF from any loss or damage to persons or property arising out of Exhibitor's participation in the 2019 surviveHEADSTRONG - Walk for Recovery.

Exhibitor understands that SDBIF has the exclusive right to cancel the event due to inclement weather, and agrees SDBIF will not be liable for any direct or indirect damages Exhibitor suffers as a result of such a decision.

INITIALS _____

EXHIBITOR COMMITMENT

Company or Exhibitor Name _____

Contact Name _____

Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Please describe anything you will be handing out at the event _____

_____

☐ I/we will mail a CHECK payment in full made out to: **THE SAN DIEGO BRAIN INJURY FOUNDATION P.O. BOX 84601, SAN DIEGO, CA 92138**

☐ I/we authorize SDBIF to charge my/our credit card in the amount of $ _____

Credit Card Type ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date ☐☐/☐☐ Security Code ☐☐☐☐

Signature _____ Date _____

SDBIF SAN DIEGO BRAIN INJURY FOUNDATION

Please send a completed commitment form and your payment to:
The San Diego Brain Injury Foundation, P.O. Box 84601, San Diego, CA 92138
OR, fax to: (619) 294-2911

Tax ID #33-0072774

For questions, call SDBIF at (619) 294-6541

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