

Presents

The 2nd Annual

We Love Our Kids Health & Safety Expo

Saturday, September 15, 2018 10:00 a.m. 2:00 p.m.







VENDOR* & SPONSORSHIP OPPORTUNITIES

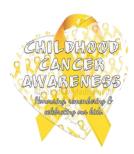
www.arielleanackercancerfoundation.org or www.cancerbills.org

Net proceeds to benefit the mission of the Arielle Anacker Cancer Foundation *A portion of the vendor proceeds will benefit the victims of Marjory Stoneman Douglas









To our potential sponsors: Corporations, business owners, foundations and individuals,

Arielle Anacker Cancer Foundation, Inc. is proud to announce a very special event, to be presented on Saturday, September 15, 2018 from 10:00 a.m. – 2:00 p.m. at the Signature Grand in Davie, Florida.

2^{nd} Annual We Love Our Kids Health & Safety Expo

This informative event will promote children's health, safety and wellness as well as raise awareness for children's cancer.

The **We Love Our Kids Health & Safety Expo** will be a free, family fun-filled day, and open to the public. From 10:00 a.m. - 2:00 p.m. local exhibitors will have an opportunity to educate and inform the general public on all different aspects of a child's life, from nutrition, physical activity, mentoring, education, safety, and just about anything that is healthy for children. We will be hosting a blood drive with One Blood/Community Blood Centers.

The net proceeds of the Expo will benefit the mission of the Arielle Anacker Cancer Foundation and a portion of the vendor's sales will also benefit the victims of the Marjorie Stoneman Douglas shooting.

We are writing to you to ask that you participate as a sponsor of this event. By supporting and giving to this worthy cause, you will not only allow your company the opportunity to be recognized, but will also help needy children with cancer and fund research to find a cure for Ewing's sarcoma bone cancer as well as help to keep the promise between a mother and her daughter. Through our new program, Diggy's Docking Station, we are also providing an opportunity for our assisted families to have fun with the donated gift cards and certificates for leisure activities that we receive. Please consult your tax advisor for all tax exempt donations.

Arielle Anacker valiantly fought Ewing's sarcoma for three years until she succumbed to the disease at age eleven. Before Arielle passed away, Arielle's mom, Diane Trivelli, promised Arielle that she would start a foundation to help needy pediatric cancer families pay their bills and help find a cure for Ewing's sarcoma, so other children would not have to suffer like she did. The Arielle Anacker Cancer Foundation was founded in 2009, became a legal 501(c)3 not for profit organization, recognized by the IRS in 2010 as a tax exempt pubic charity and has been successful in fulfilling their mission through fundraising and public donations. Our tax ID# is 26-4752135.

We thank you in advance for your participation and generosity. Your sponsorship and donations will help educate the public on many aspects of children's health and their well-being and will help fund research for a cure for Ewing's sarcoma bone cancer and help needy children who are fighting cancer!

With sincerest gratitude,

Diane Trivelli, President









WE LONE OUR KIDS HEALTH & SAFETY EXPO Saturday, September 15, 2018

SPONSORSHIP AGREEMENT

Amount _

	POLYDAMAS SWALLOWTAIL \$5,000 Premiere Location Booth with Electricity a					ia,			
	GIANT SWALLOWTAIL \$4000 (ENTERTAINMENT SPONSOR with Logo Recognition on all social media, Premiere Location Booth with Electricity at Expo, 1/2 page Ad in program, 40 raffle tickets)								
	ZEBRA LONGWING \$2500 (PRINTIN Electricity at Expo, 1/2 page Ad in program			ion on all socia	al media, Boo	th with			
	GULF FRITILLARY \$1000 Logo Recogn	nition on event	flyer, Booth at E	xpo, 1/4 page	Ad in progra	m, 10 raffle tickets			
	SULPHUR \$500 (Logo Recognition on	event flyer, Boo	oth at Expo, 1/8	page Ad in pro	ogram, 5 raffl	le tickets)			
	t Nameny Name								
Compa	ny Address								
City		State ₋		Zip					
Phone		Fax							
E-Mail		Website							
Signati	ure	Printed Nan	ne						
Author	ized Representative for the Arielle Ana	cker Cancer F	oundation Sigr	nature					
	All artwork for website and promotional m	naterials as well	as advertising n	nust be in befo	ore August 15	, 2018.			
	Make Checks I	Payable to Arie	elle Anacker Ca	ncer Founda	tion, Inc.				
Credit	Card Payment:								
Cardhol	der's Name		Type of Card		_ CV Code:				
Credit C	Card Number		Exp. Date			_			
Billing A	ddress	City		_ State	_ Zip	_			

Signature_









WE LOVE OUR KIDS HEALTH & SAFETY EXPO Saturday, September 15, 2018

We are seeking Raffle Gifts, Gift Cards and Gift Certificates.

Promote your business while providing much needed support for:

Arielle Anacker Cancer Foundation, Inc. (helping needy pediatric cancer families pay their bills) and the Diggy Docking Station program (benefitting needy pediatric cancer families with leisurely activities and services).

All donations will be recognized in our event program.

Contact Name							
Company Name							
Company Address							
City	State	Zip					
Phone	Fax						
E-Mail	Website						
Items Donated	\	/alue					
I will deliver this donation to the Arielle Anacker Cancer Foundation office.							
I wish to be contacted to arrange for donation pick-up.							

For acknowledgment in the event program, all donations must be received by August 25, 2018.









WE LOVE OUR KIDS HEALTH & SAFETY EXPO

Saturday, September 15, 2018

AD JOURNAL CO	NTRACT:			
FULL PAGE 5 ½ x 8 1/4	\$250.00			
HALF PAGE 5/14 x 4	\$150.00			
QUARTER PAGE 2 ½ x 4	\$100.00			
EIGHTH PAGE 2 1/4 x 2	\$ 75.00			
Contact Name				
Company Name				
Company Address				
City	Sta	nte	Zip	
Phone	Fax			
E-Mail	Website	9		
Signature	Printed	Name		
Authorized Representative fo	r the Arielle Anacker Cance	er Foundation Sign	ature	
	and promotional materials a Please send all information			
Make (Checks Payable to Ario 5855 NW 119 Driv			
Credit Card Payment:				
Cardholder's Name		Type of Card	CV Code	:
Credit Card Number		Exp. Date		
Billing Address	City		State Z	ip
Amount	Cianatu			









EXHIBITOR & VENDOR CONTRACT

Event Name: We Love Our Kids Health & Safety Expo Date of Event: Saturday, September 15, 2018 Set-Up Time: 8:00-10:00AM Expo Time: 10:00AM-2:00PM Break Down Time: 2:00PM-3:00PM Location of Event: Signature Grand 6900 State Road 84, Davie, FL 33317 Diane Trivelli: 954-249-5748 or email: dbt9765@aol.com Contact: Company Name Name on Check Contact Person _____ Name of additional Person (s) Staffing Booth _____ Address City _____ State____ Zip Code_____ Telephone Business _____ Cell ____ Fax No_____ Email/ Website Description of what you will be doing at your booth_____ Raffle Item (include description)_____ Please respond by August 15, 2018. Space is limited and based on a first come, first serve basis. Number of Tables Required: _____Table(s) (One 6 ft. table with linens & 2 chairs provided)

EXHIBITOR & VENDOR CONTRACT

As a vendor at Arielle Anacker Cancer Foundation's **We Love Our Kids Health & Safety Expo**, **I AGREE TO:**

- 1. Follow the procedures outlined on the Vendor Information and Vendor Procedures Forms.
- 2. Pay a non-refundable table fee of:

MENIDOD NAME

- a. \$60.00 for each 6 ft. table, which includes linens and two chairs.
- b. \$100.00 for each 6 ft. table, which includes linens, two chairs and an electrical outlet.

Note: **PREMIUM TABLE SPACE** will be available to a select number of sponsors/vendors and will be determined by the receipt of your non-refundable sponsorship; first come, first serve basis.

- 3. Abide by the table placement at the event which are carefully determined by the vendor co-chairs and cannot be changed or reconfigured on event day.
- 4. Donate a raffle prize with a minimum retail value of \$50. This prize is required at time of payment. The prize should clearly indicate your vendor information and dollar value. The prize may not be a coupon which requires a purchase. Your gift might be combined with other prizes in a raffle basket. If the prize is too large to send with your check and contract, please contact Diane Trivelli at the time you send your check and contract. Diane Trivelli can be reached at dbt9765@aol.com or 954-249-5748.
- 5. Waive and release Arielle Anacker Cancer Foundation, Arielle Anacker Cancer Foundation Board of Directors, volunteers, or Signature Grand from any and all claims, costs, liabilities, expenses of judgments, including attorney's fees and court costs (herein collectively "Claims") arising out of my participation in Arielle Anacker Cancer Foundation's We Love Our Kids Health & Safety program or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless Arielle Anacker Cancer Foundation, Arielle Anacker Cancer Foundation Board of Directors, volunteers, or Signature Grand from and against any and all such Claims.
- 6. Carry worker's compensation and public general liability insurance of not less than \$250,000.00, that will provide coverage for any injury, damage, theft, claim, demand, action, cost and expense that I, or anyone in my employ may incur while participating in the Arielle Anacker Cancer Foundation's We Love Our Kids Health Expo & Gala.
- 7. Return a signed contract with a copy of my current Business License and proof of insurance as stated above.

VENDOR NAME				
VENDOR SIGNATURE DATE				
COMPANY NAME				
Please return the signed contract, together with a non-refundable check payable to: Arielle Anacker Cancer Foundation, Inc.				
RETURN NO LATER THAN Monday, August 13, 2018 to:				
Diane Trivelli: 5855 NW 119 Drive, Coral Springs, FL 33076 Any questions, call: Diane Trivelli: 954-249-5748 or email: dbt9765@aol.com				
Number of Tables: Electricity (Y/N)				
Total Amount Enclosed: \$				









Vendor Information

Welcome to WE LONE OUR KIDS HEALTH & SAFETY EXPO Saturday, September 15, 2018

We would like to take this opportunity to thank you for participating in our We Love our Kids Health & Safety Expo. We are looking forward to a successful day for all involved. We hope you find the following information helpful. Should you have questions about the procedures, please contact: Diane Trivelli: 954-249-5748 or email: dbt9765@aol.com

Signature Grand 6900 State Road 84, Davie, FL 33317

Check-in Procedures

- Check in begins at 8:00 a.m. Upon arrival, please check in with Diane who will give you a name tag with your name and number and a receipt book with copies in triplicate. The name tag identifies you as a vendor and the number indicates your table space. You will be given directions to the location of your space.
- At 8:30 am there will be a brief "Vendor Meeting" by the check-out (cashier) area.
- The event will begin at 10:00 a.m. and will run until 2:00 p.m.

Vendor Sales Procedures

- You, the Vendor, will retain a copy of each receipt.
- You, the Vendor, will give each customer a duplicate receipt for the merchandise purchased. The receipt will include the amount of the purchase and show any applicable sales tax. If the payment is to be made on a credit card, the receipt must indicate 'CREDIT CARD' to alert the cashiers to that fact. (Otherwise the cashier will expect a check or cash.)

- The customer will proceed to a cashier to arrange payment for the item. Accepted forms of payment are cash, check or credit card. Preferred form of payment is by check made payable to the **vendor**; some vendors may accept credit card payments. <u>Vendors must tell us prior to the event if they will be accepting credit card payments.</u>
- The cashier retains the checks, cash and credit card vouchers; cashier stamps the customer's receipt as "PAID" and retains one copy of the receipt.
- The customer returns to the vendor with the PAID receipt and the vendor releases the item to the customer. (For credit card customers: The vendors will process credit card payments when the customer presents a PAID stamped receipt back to the vendor.)
- At the conclusion of the event, all cashiers will total the receipts held and a grand total will be given to each vendor.
- This grand total will be the sum of all cash, check and credit card receipts net of sales tax. The amount due to Arielle Anacker Cancer Foundation will be 20% of this pre-tax total.
- Each vendor will give us either cash or check made payable to Arielle Anacker Cancer Foundation in the amount of 20% of their net sales. A cashier will then release the vendor's payments (cash, checks & credit card vouchers).
- Breakdown of booth begins at 2:00 p.m. All vendors must be out by 3:00 p.m.

SUMMARY

- Arielle Anacker Cancer Foundation will provide you a receipt book with copies in triplicate.
- Accepted forms of payment are: cash, check payable to you the Vendor, and credit card (processed by you the Vendor); preferred payment is check.
- All transactions should be completed day of the event.

REMINDERS

- Bring a vendor name stamp for your receipts.
- Bring a business check in which to settle the 20% commission fee due Arielle Anacker Cancer Foundation. No vendor sales proceeds will be released without payment.

We thank you for participating in our

We Love Our Kids Health & Safety Expo

and look forward to an exciting and profitable day!

Diane Trivelli Expo Chairperson 954-249-5748 dbt9765@aol.com