



*Continental Societies, Incorporated
Greater Miami Chapter*

**4th Annual 5K Walk/Run
for Asthma**

VENDOR PACKET



AMERICAN LUNG ASSOCIATION®
of Florida

2009



**Continental Societies, Inc. Greater Miami Chapter
in Association with**



4th Annual 5K Walk/Run for Asthma

FACT SHEET

DATE

Saturday, April 18, 2009

TIME

7:00am - 12:00pm

Vendors should plan to arrive no later than 6:30 AM for set-up.

LOCATION

Miami MetroZoo
12400 SW 152 Street, Miami, FL 33177

PARTICIPANTS

500-750 Participants

The demographic is very diverse, with participants of all ages.
There are special events and activities for children and families.

SET-UP

CSIGMC will provide each vendor with a table and two chairs.
Electricity is available upon request. Vendor must bring a long extension cord

VENDOR FEES

In order to offset the cost of providing tables, electricity, a small donation is suggested
\$50 for individuals (ie: Mary Kay Consultants) \$100 for businesses
Donations may be made online (see link below) or by check.

SCHEDULE OF EVENTS

6:30 am Registration Begins
Health & Wellness Expo and Vendor Booths Open
7:30 am Stretching and Warm-up
7:45am 5K Run
8:00 am 5K Walk
Bounce House, Face Painting, Volleyball
12:00pm Event Closes

All Paid Registrants can enjoy Miami MetroZoo for the entire day!

TO REGISTER ONLINE

www.greatermiamicontinentals.com

QUESTIONS? CONTACT

Christa Dean, Event Coordinator
305-233-4594; / 305-305-5160 (Event Day)
evproductions@bellsouth.net



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AMERICAN LUNG ASSOCIATION®
of Florida, Inc.

Blow the Whistle
on Asthma!



4th Annual 5K Walk/Run for Asthma

Saturday, April 18, 2009

VENDOR INFORMATION FORM

Please complete the following information and submit this form and payment by
MARCH 27, 2009.

Company / Organization Name:** _____

Contact Person/Title: _____

Address: _____

City, State, ZIP _____

Telephone Number: _____

FAX Number: _____

Email Address: _____

ITEMS YOU WILL SELL: _____

VENDOR REGISTRATION FEE: \$50 for individuals (ie: Mary Kay Consultants)
\$100 for businesses

VENDOR FEE INCLUDES: One (1) 6ft Table Two (2) Chairs

Additional Tables available for the cost of \$15.00 per table

All vendors must supply their own table covers.

Please Fax a copy of this completed form to: 305-278-4108 (FAX)

Please make all checks payable to:

CONTINENTAL SOCIETIES GREATER MIAMI CHAPTER

**Mail Completed form, waiver and payment no later than MARCH 27,
2009 to:**

**Continental Societies, Inc. Greater Miami Chapter
ATTN: 5K Vendors
P. O. Box 162238
Miami, FL 33116-2238**

**Vendor set-up time is Saturday, APRIL 19, 2009 at 6:30 AM. We desire to have all
vendors in place to receive our walkers at 6:45 AM.**

** Please indicate how your organization name should appear in print



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of Florida, Inc.



VENDOR WAIVER & RELEASE

Business: _____ Date: _____

Agreement

The undersigned hereby request Continental Societies, Inc. Greater Miami Chapter for permission to participate in their 2009 event. I understand the benefit of the event and I agree to obey all instructions and policies given by the coordinators in charge of the event. I acknowledge the risks of participation in this event and I may be subject to physical injury or property damage, whether caused by an intentional or unintentional act or omission. In full consideration and acknowledgement of the risks of participation in this event, I voluntarily agree to participate in this event and accept all risks of doing so.

In consideration of being allowed to participate in this event and receiving the benefit thereof, I, myself, my heirs, personal representative, next of kin or assigns, do hereby forever release, waive, discharge, hold harmless and covenant not to hold responsible Continental Societies, Inc. Greater Miami Chapter & American Lung Association of Florida, its officials, officers, agents, employees, representative, assigns, and insurers, individually and collectively, hereinafter referred to as "releasees", of and from all liability for any and all loss or damage, including personal injury, property damage or death, whether caused by the negligence of the releasees or otherwise, while I am in any way participating in the above described event.

I further acknowledge that I have read and fully understand this release/waiver and hold harmless agreement, and that I have voluntarily executed the same without any further inducement or promise not contained herein. I expressly agree that this agreement shall be construed as broadly as permitted by the law of the State of Florida, and that if any part hereof is declared invalid, the remainder shall remain in full force and effect.

Signature _____

Print Full Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Application and waiver has to be received by March 27, 2009 to be able to participate in the 2009 Continental Societies, Inc. Greater Miami Chapter 5K Walk/Run for Asthma

**Continental Societies, Inc. Greater Miami Chapter ATTN: 5K Vendors
P. O. Box 162238 Miami, FL 33116-2238
Please make all checks payable to:
CONTINENTAL SOCIETIES GREATER MIAMI CHAPTER**