

DOESHA CUP 2009
Vendor Booth APPLICATION

COMPANY NAME _____

ADDRESS _____

CONTACT NAME _____

CONTACT # _____

EMAIL _____

WEBSITE _____

NAMES FOR TICKETS 1. _____

*CAREGIVER/PATIENT? _____

2. _____

*CAREGIVER/PATIENT? _____

***ALL ATTENDEES MUST BE EITHER PROP 215 PATIENT OR CAREGIVER.
PATIENT AND CAREGIVERS MUST PROVIDE VALID DOCTOR'S RECOMMENDATION.***

CIRCLE ONE

PREMIERE BOOTH \$500

LUXURY BOOTH \$600

***** THE NUMBER OF BOOTHS LIMITED AND ARE AVAILABLE ON A
FIRST COME FIRST SERVE BASIS. ALL BOOTHS COME WITH (ONE) 8
FOOT TABLE, (2) CHAIRS, (2) ELECTRICITY (**UPON REQUEST ONLY**).
PASSES ARE GIVEN FOR (2) PERSONS. FOR QUESTION OR CONCERNS
CONTACT US AT DOESHACUP@YAHOO.COM OR CALL (310) 358-5011.
PLEASE COMPLETE THE ABOVE INFORMATION AND FAX TO (310) 358-
5011. *****