



FCIM 25th Anniversary Celebration & AOM Day Vendor Registration Information

EVENT DESCRIPTION:

- WHEN: Saturday, October 24, 2015. 10:00 a.m. to 5:00 p.m.
- WHAT: Outdoor festival to celebrate the 25th Anniversary of the Florida College of Integrative Medicine, as well the 2015 National Acupuncture and Oriental Medicine (AOM) Day (the “Event”).
- WHERE: Located on the campus of Florida College of Integrative Medicine (“FCIM”), 7100 Lake Ellenor Dr., Orlando, FL 32809
- Free Admission to the public.

EVENT INFORMATION & REQUIREMENTS: (Please *read carefully*)

- Vendor participation is FREE of charge.
- Free vendor space (for tent/booth): 10 ft. by 10 ft.
- All vendor registrations and location requests will be considered on a first come - first serve basis.
- All vendors must provide their own tents/booths, tables, chairs, equipment, etc.
- Food vendors must bring their own utensils and serving plates/bowls.
- To ensure a safe environment for all, there will be NO ELECTRICITY provided at the Event. Please plan accordingly.
- Food vendors may consider the use of propane for cooking on-site, provided that each must bring fire extinguishers and other appropriate fire protection equipment for its vendor space and tent/booth.
- All vendors are asked to check in between 8:30 a.m. and 9:30 am. For safety, vendors who arrive after 9:30 a.m. may forfeit pre-assigned booth location and be assigned an alternate location.
- All vendor tents/booths must be completely set-up by 9:45 a.m. The Event requests that all vendor tents/booths remain open until 5 p.m.
- Vehicles will not be allowed in the Event area between 9:30 a.m. and 5 p.m. without the permission and escort of an Event official. Separate parking space will be provided.
- Vendors will have from 5-6 p.m. to pack-up. All vendors and their respective belongings must be off Event grounds by 6:00 p.m.
- To prevent accident or injury, any vendor wishing to leave early MUST notify an Event official. With permission, booths that can be packed-up and “walked-out” will be allowed to do so.
- Vendor is responsible for leaving the vendor space in the condition that it was originally received, i.e. removal of all debris such as boxes and trash.
- Each vendor applicant will receive a confirmation email upon receipt of their application and a map and directions will be emailed prior to the Event.
- This Event occurs rain or shine! Be prepared for wind, rain and/or heat/cold.
- All vendors are required to show proof of liability insurance and read and sign the attached waiver. Please fill out the vendor registration completely.
- Vendor Registration Forms must be submitted by **September 15, 2015**.

Vendor Registration Form

Vendor Name: _____ (“Vendor”)
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____
Phone(s): _____

Type of Booth & Description: Please check the categories (*all that apply*) that best describe your booth’s main focus

Business/Promotion Food
 Game/Activity Art or Craft
 Non-Profit Other

- Please provide a detailed description of your products/services and include a photo, if possible.

- Please attach proof of your liability insurance to cover your participation as a vendor at the event.

WAIVER: The Florida College of Integrative Medicine (“FCIM”) reserves the right to decline any vendor registration for any reason. Vendor hereby irrevocably undertakes to save, defend, hold harmless and indemnify fully FCIM, its officers, employees, agents, board members, staff, volunteers, sponsors and assigns from any claims, damages, losses, liabilities or expenses whatsoever arising from Vendor’s participation in the Event, including without limitation any harm or injury suffered directly or indirectly by any third person(s). FCIM shall not be held responsible to Vendor for any loss or damage due to fire, accident, theft, weather, acts of God, vandalism, event of force majeure or any other loss or injury whatsoever, whether past, present or future. Vendor understands that the Event is not insured by FCIM or any third party. Vendor must have replacement cost insurance and make adequate provisions for safeguarding all its goods, supplies, equipment and properties brought to the Event and assumes full and exclusive liability for their protection, care and maintenance. ANY VENDOR NOT HOLDING ADEQUATE LIABILITY INSURANCE UNDERSTANDS THAT IT IS PARTICIPATING IN THIS EVENT SOLELY AT ITS OWN RISK AND HEREBY EXPRESSLY ASSUMES ALL LIABILITY ARISING FROM SUCH PARTICIPATION.

Please print and sign your name to acknowledge that you have carefully read, thoroughly understood and irrevocably agree to the above terms and conditions for your participation in the event.

Name (*please print*): _____

Signed: _____

Date: _____

**Please return all registration forms to:
Michelle Colon at mcolon@fcim.edu Thank you!**