



**VENDOR/EXHIBITOR REGISTRATION FORM**

We invite you to host a booth where you may display your items/services to our attendees as one of our vendors or you can be an exhibitor and distribute “free” samples, printed materials or complimentary services. There is no fee for vendors or exhibitors.

In order to process your registration as a vendor for the “1<sup>st</sup> Annual Hinds County **Health & Wellness 5K Run/Walk**”, please fill out all parts of the form completely.

Please mail or return this form to: Hinds County Human Resources Department, c/o Sharon Sims, 316 S. President Street, Jackson, MS 39205, ssims@co.hinds.ms.us. Please make a copy of this form for your records.

**\*We must receive your Vendor/Exhibitor booth reservation by: Friday, April 8, 2016.**

<p><b>We provide:</b> Vendor/Exhibitor space</p> <p><b>You are responsible for your own:</b> display, equipment, EZ up canopy, table, chairs, etc.          *There is limited electrical available.          *Expect 300 - 400 participants.          *There is drop-off parking on President Street in front of the Chancery Court Building; however, a cart or other manual means of transporting your goods is recommended. After drop-off, vendors/exhibitors may park in available spots nearby on Tombigbee Street.</p>	<p>Saturday, April 16, 2016          Downtown - Jackson, MS          (Chancery Court Building)          Sharon Sims t: 601-968-6562; f: 601-968-6587;          hcmedia@co.hinds.ms.us;  <a href="http://www.hindscountymms.com">www.hindscountymms.com</a></p> <p><b><u>Schedule of the Day:</u></b>          7:30-8:00 am: Vendors/Exhibitors setup by 8am          8:00-9:00 am: Registration of participants          9:00-10:00 am: 5K Walk/Run          10-12:00 pm: Entertainment &amp; Activities          12 noon: Clean up</p>
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**CONTACT INFORMATION**

Company/Organization Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

**VENDOR/EXHIBITOR INFORMATION**

Type of Company/Organization: \_\_\_\_\_  
 Non-profit: \_\_\_\_\_  
 Describe your display: \_\_\_\_\_

Describe your services: \_\_\_\_\_

Will you be providing free items/products to attendees? If yes, what items/products?  Yes  No

Are you willing to provide a door prize to be used in the door prize drawing? If yes, what is the prize?  Yes  No