

**THE ANNUAL HISPANIC HERITAGE
FESTIVAL & HEALTH FAIR
Saturday, October 15, 2016
Frank Fasi Civic Center Grounds
10:30 a.m. – 8:00 p.m.
HISPANIC HERITAGE FESTIVAL & HEALTH FAIR
BOOTH APPLICATION FORM**

ORGANIZATION/BUSINESS NAME: _____

CONTACT PERSON: _____ TITLE: _____

CONTACT PHONE NUMBER: _____ CELL NUMBER: _____

MAILING ADDRESS (STREET, CITY, STATE, ZIP): _____

HEALTH AND NON PROFIT COMMUNITY AGENCIES - \$100.00

- 8 X 8 reserved area only

Please provide information regarding booth usage (select all that apply):

___ Service

___ Informational Display

___ Other (please specify) :

Health and Non-Profit/Community Agency Requirements:

- Provide Health Services (Government-type services)
- Must attend a mandatory meeting (To be announced)
- **Payment Required by September 5, 2016**

Booth is not confirmed until payment is received. Space is available on a first come, first serve basis. You must bring your own table, chairs, table covering and signage.

AUTHORIZATION/RELEASE AGREEMENT

I the undersigned understand the “Annual Hispanic Heritage Festival & Health Fair” guidelines as outlined and agree that I/my organization will abide by them.

The Vendor agrees to indemnify and save harmless the Hawaii Hispanic Heritage Festivals & Events as well as all other organizers of this event against and from any and all claims by or on behalf of any persons, firms or corporations, arising from the conduct or management of, or from any work or thing whatsoever done in or about, the booth area, or arising from any breach or default on the part of the Vendor in performance or any agreement contained herein, or arising from act of negligence of the Vendor, or any of its agents, contractors, employees or licensees, and in case any action or proceeding be brought against the Hawaii Hispanic Heritage Festivals & Events by reason of any claim, the Vendor agrees to resist or defend such action or proceeding by counsel reasonable satisfactory to the Hawaii Hispanic Heritage Festivals & Events.

Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____

E-mail Address: _____