



Thank you for your interest in an exhibitor booth at Asthma Action Hero Day on May 2, 2020 from 11a - 4pm. We welcome organizations that have product or services that promotes health and wellbeing for children and their families.

Please fill out this form and email to: [asthmaactionheroday@gmail.com](mailto:asthmaactionheroday@gmail.com)

Exhibitor Fee: \$150.00 .

A fee of \$75 will be charged for an additional table set-up or if access to power is required.

*Fee includes:* A 6ft folding table is included with this fee. Opportunity to contribute to prize giveaways. Listing on event programs and signage.

#### Vendor Set-up and Breakdown

Set-up for Vendors: 9-11 am and Breakdown 5-7pm; We cannot accommodate set up and breakdown beyond these hours with the exception of event sponsors.

#### Exhibitor Registration Information

Full Name

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Street Address

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City, State Zip Code

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Email Address

Phone Number

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Product or Service

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Website

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Exhibitor Payment Information

\_\_\_\_\_ I wish to pay by check. Check # \_\_\_\_\_ is enclosed. Make checks payable to Asthma Action Hero, Inc.

\_\_\_\_\_ I wish to pay by money order. Money Order # \_\_\_\_\_ is enclosed. Make money order payable to Asthma Action Hero, Inc.

Please send this form along with payment by March 21, 2020. Remit payment to:

Asthma Action Hero, Inc.  
2565 Jolly Road, Ste A-1  
College Park, GA 30349

Cancellation Policy

Cancellations of Exhibitor Space must be made in writing to [asthmaactionheroday@gmail.com](mailto:asthmaactionheroday@gmail.com). Written requests received by March 1, 2020, will receive a full refund less a \$25 processing fee. Refunds provided at the conclusion of the event. Refund requests received between March 1st and March 21st will receive a 50% refund of the exhibitor fee, less the \$25 processing fee. After March 21st, no refunds will be made.

Accepted by:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_