



**2010 Vendor Application**  
**Walter Washington Convention Center**  
**Sunday, May 30, 2010/12 Noon – 6 PM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

**All prospective vendors must complete description of item(s) to be vended. Please limit to one paragraph. And attach with application. BLGPD reserves the right to reject any application that is inconsistent with the organization's mission. We further reserve the right to expel any vendor who exhibits products or services not reflected in their application. Rules and regulations concerning vending will be forwarded upon approval of application. All non-profits must provide a copy of their IRS Non profit Determination approval letter.**

**VENDOR RATES**

Please note that the cost for electricity will be handled as a separate cost. This information will be forwarded to you after your application/payment has been received and processed. Please contact Earl Fowlkes: [efowlkes@dcblackpride.org](mailto:efowlkes@dcblackpride.org)  
 Standard Booth (10'X 10', one 6' table, 2 chairs

	<b>Rate</b>	<b>Fees Paid</b>	<b>Amount Owed</b>
Non-Profit (Info. Dist.)	<b>\$275.00 before April 15/\$325.00 after</b>		
Non-Profit (Sales)	<b>\$375.00 before April 15/\$425.00 after</b>		
For-Profit	<b>\$475.00 before April 15/\$525.00 after</b>		

Islands (20" x 20", two -6' tables, 4 chairs,

	<b>Rate</b>	<b>Fees Paid</b>	<b>Amount Owed</b>
Non-Profit (Sales)	<b>\$550.00 before April 15/\$650.00 after</b>		
For-Profit	<b>\$950.00 before April 15/\$1,050.00 after</b>		

**Total Paid:** \_\_\_\_\_

**DEADLINE**

Vendor contracts must be finalized and paid in full by midnight, April 16, 2010. Contracts submitted after April 16 must be paid in full by certified check, cash or money order; and are not guaranteed to be included in the event program book. All vending materials and monies must be submitted by May 15, 2010. Make checks payable to: BLGPD -- Mail to: BLGPD, Inc., P.O. Box 77071, Washington, DC 20013(TIN# 52-2021396)

**WAIVER OF LIABILITY**

I, \_\_\_\_\_ as an Officer or Agent of \_\_\_\_\_ accept full responsibility for the involvement of the referenced group, organization, or individual at the DC Black Lesbian & Gay Pride event. I agree to hold blameless Black Lesbian & Gay Pride, Inc., its successors and assigns and all persons acting under its authority for any and all civil and/or criminal liability under the Law and Regulations of the District of Columbia and these United States which may result from the operation of the DC Black Lesbian & Gay Pride event or any attendant activity. I have read the guidelines and agree to all conditions without further contact or notice.

Vendor Signature: \_\_\_\_\_ BLGPD Signature: \_\_\_\_\_