

# Vendor Opportunities

## The Colin Leslie Walk for Celiac Disease

### Sunday, October 3, 2010

<u>Gold</u> \$500  _____	<ul style="list-style-type: none"> <li>• Full page ad in program</li> <li>• Listed as a vendor in program*</li> <li>• Listed as a sponsor in program*</li> <li>• Logo displayed on website</li> <li>• Able to chose location at vendor fair (first come, first served basis)</li> <li>• Two tables available for use</li> </ul>
<u>Silver</u> \$250  _____	<ul style="list-style-type: none"> <li>• Half page ad in program*</li> <li>• Listed as a vendor in program*</li> <li>• Listed as a sponsor in program*</li> <li>• Logo displayed on website</li> <li>• Two tables available for use</li> </ul>
<u>Bronze</u> \$100  _____	<ul style="list-style-type: none"> <li>• Listed as a vendor in program*</li> <li>• Listed as a sponsor in program*</li> <li>• Name listed on website</li> <li>• Table at vendor fair</li> </ul>
<u>Supporter</u> \$75  _____	<ul style="list-style-type: none"> <li>• Name listed on website</li> <li>• Listed as a vendor in program*</li> <li>• Table at vendor fair</li> </ul>

***\*All program items are subject to print deadlines***

Company Name (as will appear on shirts, event program etc.):

\_\_\_\_\_

**Contact Information:**

Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please let us know what you will need: One Table \_\_\_\_\_ Two Tables \_\_\_\_\_  
 Electrical Outlet YES \_\_\_\_\_ NO \_\_\_\_\_

Please make checks payable to the **Westchester Celiac Sprue Support Group** and mail them to Colin Leslie Celiac Walk, 34 Prospect Ave, Larchmont, NY 10538