



# Summer Adventures for Kids 2008 Vendor Reservation Form

**Reservation Deadline  
January 25, 2008**

**Name of your business/organization**

**Print *name & title* of contact person**

( )

**Contact Phone 1**

( )

**Contact Phone 2**

**E-Mail Address for planning updates**

### RESERVATION STATUS

- We want to be there!! (See Reservation Checklist)
- Not participating in 2008, but keep our contact information on file for next year.
- We would like to donate a door prize! \_\_\_\_\_  

Name item (if you know)
Item value in dollars
- We are interested in sponsorship opportunities
- I'm including names and contact information for other interested vendors (see pg 3)
- Our first SAK Expo
- NOT our first Summer Adventures Expo. Circle years you've attended    2005    2006    2007

### VENDOR REGISTRATION CHECKLISTS

Follow directions carefully to ensure timely processing. Space is reserved when your reservation packet is completed.

#### For-Profit Vendors

- Complete *Vendor Information Form*
- Complete event *Photo and Identifying Information Release*
- Complete Tri-County Mall "*Hold Harmless Agreement*" and *Exhibitor Rules and Regulations*
- Include your business card and brochure
- \$55.00 company or cashier's check for table rental, and detailed catalog entry**  
*Note on check "Memo" line: S.A.K. 2008 Vendor Fee*
- Required prize donation** - \$50.00 minimum value  
*Note on a separate check "Memo" line: S.A.K. 2008 Donation*
- Mail completed forms AND your payment in the yellow envelope provided or use mailing address below\***

#### Non-Profit Vendors

- Complete *Vendor Information Form*
- Complete event *Photo and Identifying Information Release* form
- Complete Tri-County Mall "*Hold Harmless Agreement*" and *Exhibitor Rules and Regulations*
- Include your business card and brochure
- \$55.00 company or cashier's check for table rental, and detailed catalog entry**  
*Note on check "Memo" line: S.A.K. 2008 Vendor Fee*
- Mail completed forms AND your payment in the yellow envelope provided or use mailing address below\***

**Make all checks payable to General Assembly, Inc.**

**Mail completed packet to:**

Vendor Registration Reply-Summer Adventures '08  
 C/o Hamilton County Bd. of MR/DD  
 1520 Madison Rd.; Cincinnati, Ohio 45206    Attn: Lynne Calloway



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### LISTING YOUR PROGRAM or SERVICE IN THE SUMMER ADVENTURES CATALOG

This information will appear in the Summer Adventures Catalog as the description of your program or service.

Business, Program, or Service Contact Information	
<hr/> Agency/ Business Name	<hr/> Contact person's name & title
<hr/> Agency / Business Address (Street, City, State, and Zip Code)	
<hr/> Area Code and Phone Number	<hr/> Agency/ Business website

<p><b>Featured Activities/ Primary Focus</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Academic</li> <li><input type="checkbox"/> Art</li> <li><input type="checkbox"/> Community Resource</li> <li><input type="checkbox"/> Dance &amp; Movement</li> <li><input type="checkbox"/> Drama/ Theatre</li> <li><input type="checkbox"/> Occupational Therapy</li> <li><input type="checkbox"/> Physical Therapy</li> <li><input type="checkbox"/> Recreation</li> <li><input type="checkbox"/> Social / Community</li> <li><input type="checkbox"/> Speech/ Language</li> <li><input type="checkbox"/> Transition to Work</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>We have experience in supporting individuals with:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intellectual Disabilities</li> <li><input type="checkbox"/> Physical Disabilities</li> <li><input type="checkbox"/> Gifted</li> <li><input type="checkbox"/> Challenging Behaviors</li> <li><input type="checkbox"/> At Risk Youth</li> <li><input type="checkbox"/> Home Schooling programs</li> <li><input type="checkbox"/> Developmental disabilities:</li>   <li><input type="checkbox"/> These medical diagnoses:</li> </ul>	<p><b>Program Schedule</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Day Camp</li> <li><input type="checkbox"/> Overnight Camp</li> <li><input type="checkbox"/> Before school</li> <li><input type="checkbox"/> After school</li> <li><input type="checkbox"/> Summer only</li> <li><input type="checkbox"/> Year-Round</li> <li><input type="checkbox"/> Not applicable</li> <li><input type="checkbox"/> Other:</li> </ul>
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**Which best describes your business, service, or program? Answer to the best of your ability.**

- Specializes in serving only individuals with disabilities
- By design, supports both individuals who have and who do not have disabilities
- Includes and accommodates individuals with disabilities as needs require

<p><b>Ages Served</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Children</li> <li><input type="checkbox"/> Adults</li> <li><input type="checkbox"/> Young adults</li> </ul> <p><b>Age range served:</b></p>	<p><b>Ownership / Operation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Privately owned</li> <li><input type="checkbox"/> Franchise</li> <li><input type="checkbox"/> Affiliated with</li>   <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Range of participant costs for your program service, or camp.</b></p>	<p><b>Funding Status</b></p> <p>Please check for information-managemnt. purposes.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> For profit</li> <li><input type="checkbox"/> Not for profit</li> </ul>
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**Use this space to highlight unique features of your business, program, or service:**



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## EVENT DAY SET-UP

### Notes

**Set-Up** -Tri-County Mall management will not allow live animals, tent displays, or helium-filled balloons in the mall.

**Lunch**-Due to costs, vendors are asked to purchase lunch on their own. A Food Court is available on the second level of the mall. Auntie Anne's Pretzels, Ruby Tuesday, and Starbucks can be found on the main level of the mall as well. The vendor break-room will house beverages and snacks along with inclusion resources, and information for vendors. The beverages and resource/ information will be provided compliments of the INclusion Network.

**Vendors will have use of an 8' table, with cover, skirting and seating for two.  
Please specify other needs:**

- An electrical outlet to operate video or computer display. Provided on a first-come, first-served basis.
- Any accessibility-related accommodations \_\_\_\_\_
- Other general needs \_\_\_\_\_

**Set-up time is between 8:45 am and 9:45 am.  
Please plan to have coverage all day, and until 4:05 pm**

***\*Remember to bring your own extension cord and power strip\****

### CAPACITY TO SERVE INDIVIDUALS WITH DISABILITIES

The Summer Adventures Planning Partners want to help interested vendors develop skills and locate supports they want to increase their knowledge about people with disabilities, and to increase their capacity to support people with disabilities as they are able.

- Currently serve people with disabilities
- Want to serve people with disabilities
- Want to attend a free vendor training by INclusion Network\*
- Want more info about SWO SERRC-SSR13 Resource List \*

**\*See information attached**

CONTACT INFORMATION FOR OTHER INTERESTED VENDORS	
Company Name _____	Contact Person _____
Address _____	Phone _____
E-mail Address _____	Web site _____
Use additional paper if needed	

**Interested in Becoming a Sponsor Or Have Vendor Questions?**  
Call the Vendor Information Line at (513) 559-6777



**Summer Adventures for Kids 2008**  
**Vendor Reservation Form**

**Sign & Return with  
 Reservation Packet**

**PHOTO AND IDENTIFYING INFORMATION RELEASE**

The Summer Adventures for All Kids committee is hereby granted my permission to use photograph(s) / video images of (name) you and your staff that will be taken on Saturday, March 1, 2008 at the Summer Adventures for All Kids Expo.

The photograph(s)/video images, and personal information will / may be used :

As part of news reporting on the event, as visual aids in presentations about the event, and as support in future grant applications. The photograph(s)/video images, personal information, and company logo will be used in some or all of the following, and may be viewed by the general public, event staff, and their related agencies: Television News Stories, Newspaper Stories, Newsletters, Websites, Posters, Presentations (video, PowerPoint, etc.), Brochures, and Event Catalog.

\_\_\_\_\_  
 Signature of Person attending & authorized to consent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Person attending & authorized to consent

\_\_\_\_\_  
 Date

- Permission may be revoked at any time by written notice.
- When permission expires or is revoked, publications/presentations that were already made using the photographs /video images and personal information may continue to be used, as long as nothing has been altered on the original publication/presentation.