

# Vendor Agreement Contract



**One4All Disabilities P.O. Box 663 Huntington, WV 25711  
(304)691-1393 Office**

One4All Disabilities is committed to providing a fun, informative environment for each person involved in our event. We are thankful for the continued support of our established vendors, and are excited to include new vendors. If you have any questions or concerns, please feel free to contact us.

We are proud to work with each of our vendors on a personal, individual basis.

One4All Disabilities is committed to ensuring that you, the vendor, are given the opportunity to showcase your unique services and willingness to assist area families.

To decrease confusion, we like each vendor to know what is expected of them.

We ask that you review the guidelines below.

**By signing, you agree to follow the guidelines listed below:**

- Cost per table will be \$40. *(Make checks payable to One4All Disabilities)*  
This fee includes table set up, tablecloth and skirting, and tear down.
- The full payment and registration must be received no later than 2 weeks prior to the event in order to ensure inclusion in media pieces, posters, printouts, and website.
- Payment the day of the event must be cleared in advance. Our goal is to be as inclusive as possible. If you would like to be involved but cannot afford the registration fee, please contact our office. A small amount of stipends are awarded yearly on a first come, first serve basis.
- *Vendors may set up their table(s) on Friday, the evening before the event from 5pm to 6pm on Saturday, on from 8am to 9:30am.*
- All vendors must be completely set up and ready to greet families no later than 9:30 am Saturday, No exceptions.
- While we understand it may be necessary to rotate your staff throughout the day, we ask that someone always be at your table to hand out information.
- One4All Disabilities is not responsible for monitoring vendor tables, vendor products, or vendor equipment.
- As we do every year, volunteers are provided throughout the day to assist our vendors and families. Our volunteers are pleased to help you unload your car, help with setup and tear down, or watch your booth if you must take a brief break.
- Please keep in mind One4All Disabilities is a team effort. We expect all vendors to treat our volunteers with respect and kindness.
- If your table needs electricity, *it is the vendor's responsibility to let One4All Disabilities know, by noting it on the Booth Registration Form. One4All Disabilities cannot guarantee a table with electricity unless it is clearly marked on the Booth Registration.*
- No vendor will tear down before 2pm on Saturday. No exceptions!  
One4All Disability Expo runs from 10am to 2pm. Vendors need to be willing to greet and assist families fully until 2pm.

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**Vendor and Representative Name (Print)**

**Representative Name (Signature)**

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**Date**

[www.one4alldisabilities.org](http://www.one4alldisabilities.org)

**One event for all needs, for all ages.**

# Booth Registration Form



**One4All Disabilities P.O. Box 663 Huntington, WV 25711  
(304)691-1393 Office**

**Yes, I will be attending One4All Disability Expo.**

Vendor: \_\_\_\_\_  
Contact/Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website/URL address: \_\_\_\_\_

**No, I am unable to attend this year's event-but please include my updated vendor contact information on the website.**

Can we include your personal contact information (name and work phone) on the website?  
 yes  no (see next question)  
Do you prefer to only list Vendor name, address, office phone, fax, and website?  yes

Please ensure all information is current.  
With your permission, this information will also be posted on our website:  
[www.one4alldisabilities.org](http://www.one4alldisabilities.org)

**I would like to request a table with electricity.**  
*Vendors are responsible for bringing their own extension cords.* \_\_\_\_\_ **Date**

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<b>Vendor and Representative Name (Print)</b>	<b>Representative Name (Signature)</b>
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Once completed and signed, please email to [mellert@marshall.edu](mailto:mellert@marshall.edu):  
Vendor Agreement Contract and Booth Registration Form.

**Mail the originals with your \$40 registration fee made payable to One4all Disabilities:  
One4All Disabilities P.O. Box 663 Huntington, WV 25711**

\*\*\*\*\*Registration fee must be paid no later than 2 weeks prior to the event date \*\*\*\*\*  
Late registration or payment the day of the event must be cleared in advance.  
*Our goal is to be as inclusive as possible.*  
*If you would like to be involved but cannot afford the registration fee, please contact our office.*  
*A small amount of stipends are awarded yearly on a first come, first serve basis.*

We appreciate your cooperation and completion of these forms. Your prompt reply allows us to confirm space for each participating vendor, and ensures up to date contact information is shared with families, other vendors, and medical professionals.

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