

CITY OF SAN LEANDRO  
RECREATION AND HUMAN SERVICES



CREATING COMMUNITY

March 4, 2016

Dear Senior Services Provider,

I'm pleased to announce the 18<sup>th</sup> Annual Senior Resource Fair "*Living Longer, Growing Stronger in San Leandro*" will return on **Friday, May 20, 2016 from 10:00am – 1:00pm**. Sponsored by the City of San Leandro's Recreation and Human Services Department, this popular event provides an excellent opportunity for you to reach hundreds of seniors with valuable information about your services, programs and products as we celebrate Older Americans Month.

**If you are interested in becoming a Senior Resource Fair vendor, please fill out and return the enclosed application with your payment on or before March 25, 2016. After March 25, you will be charged an additional \$15. Your application and payment must be received no later than April 22 to be considered for the event.** The City of San Leandro will notify you whether or not you have been accepted on Friday, April 29. Application fees will be returned if your application is not accepted. No refunds will be made after April 29, 2016.

Please be advised that the purpose of the Senior Resource Fair is to expose San Leandro seniors to information about resources and services that are available to them throughout the community. As such, we respectfully request that Senior Resource Fair Vendors refrain from engaging in activity which is inconsistent with this purpose including, but not limited to, partisan and/or political campaign activity or retail sales during the event.

This year's theme is "**New Orleans Jazz**". Space is limited, so please send in your completed application form with payment as soon as possible. If you have any additional questions, please give me a call at (510) 577-6053.

Sincerely,

Susan Criswell  
Event Coordinator, Senior Resource Fair  
510-577-6053 phone  
510-577-3470 fax  
scriswell@sanleandro.org



# 18<sup>th</sup> Annual Senior Resource Fair - Friday, May 20, 2016

## Vendor Application Form

Senior Resource Fair Vendor Application fee includes: 1 table, 2 chairs, morning refreshments, 2 lunches	Save \$15! Payment <u>received</u> by March 25, 2016	Standard Fee - Payment <u>received</u> after March 25, 2016
For Profit Organizations	\$100	\$115
501(c)(3) Non Profit or Government Organizations Taxpayer ID # _____	\$75	\$90
Please indicate lunch preference(s), otherwise 2 non-vegetarian lunches will be provided: _____ Vegetarian    _____ Non-vegetarian		

Please return completed application with payment to:

**Senior Community Center  
Attn: Senior Resource Fair  
13909 East 14<sup>th</sup> Street  
San Leandro, CA 94578**

Phone: 510-577-6053    Fax: 510-577-3470    Email: [scriswell@sanleandro.org](mailto:scriswell@sanleandro.org)

**TOTAL PAYMENT OF \$ \_\_\_\_\_ is enclosed. Please note that no refunds will be made after April 29, 2016.**

**Payment Method:**

Check # \_\_\_\_\_ (Payable to City of San Leandro)     VISA     MasterCard

Card #: \_\_\_\_\_    Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_    Today's Date: \_\_\_\_\_

**FOR OFFICE USE ONLY - #37537**

Date Received: \_\_\_\_\_    Initials: \_\_\_\_\_    Amount: \_\_\_\_\_

Check # \_\_\_\_\_    Visa    MasterCard

Non Profit Number Received    Y    N    Application completed    Y    N    Organization accepted    Y    N

Vendor participated in 2014    Y    N    Early Departure 2014    Y    N

**Please complete both sides of this application form.**

- Yes, please include the information below in the Event Directory**
- No, do not include the information below in the Event Directory**

**Organization Information (please print):**

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_

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

Web address: \_\_\_\_\_

Please briefly describe your service(s) to seniors (25 words or less):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be providing any health screening(s)? If so, what type:  Blood Pressure  Cholesterol Screening  
 Bone Density  Vision  Hearing  Chiropractic  Podiatry  Other: \_\_\_\_\_

**Special Requests** (based on availability): *Please let us know if you need accessibility accommodations.*

Wall Space  Electrical Outlet  Other \_\_\_\_\_

My organization  will  will not donate a prize for the Senior Resource Fair raffle.

**Release of Liability and Conditions of Participation:**

I, \_\_\_\_\_ have read both the Vendor Application and the Cover Letter and agree to comply with all the rules and regulations of the Senior Resource Fair. In order to participate in the Senior Resource Fair, I, on behalf of myself and/or the organization I represent, hereby agree to assume all risks inherent in and arising from participating in this activity and agree to indemnify and hold harmless the City of San Leandro, its Officers, Employees, Boards, Commissions, and Agents from and against all loss and liability due to injury of persons or damage to property which I or my group may incur by reason of or arising out of my/our participation in this activity. I agree to refrain from engaging in activities that are not consistent with the stated purpose of the Senior Resource Fair which includes but is not limited to, campaign activity or retail sales during the event. I declare that I am authorized to provide the information given herein, and that, to the best of my knowledge and belief, it is true and accurate. I have read and understand the above agreement. I further understand that it is binding upon me and the organization, party/parties which I represent. I acknowledge that San Leandro takes photographs or other recordings of its activities and events for publicity and authorize the use of my image by the City.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_