Radiant Health Centers
Chris Bragg
Chief Development Officer
Direct: 949.809.8760
Cell: 714-615-9435

2018 BOOTH NON-PROFIT REQUEST FORM

Reservation for booth deadline is April 15, 2018

PLEASE COMPLETE THIS FORM AND MAIL TO: Radiant Health Centers
17982 Sky Park Circle, Suite J, Irvine, CA 92614-6482 or **Email to:** cbragg@radianthealthcenters.org

Name of Sponsor Organization:

Authorized Signature: | Name & Title:

Date: | Contact Person & Title:

Email: | Work Phone: | Cell Phone:

Address: | City: | CA | Zip:

☐ **Yes,** please reserve a table for us - we will be exhibiting at AIDS Walk Orange County 2018. Your sponsorship includes the following supplies: One 10' x 10' canopy, one 6' table with cover, and two chairs.

☐ **We will PAY BY CHECK the full amount of $250 to "Radiant Health Centers"**

Send check c/o Chris Bragg, Chief Development Officer

☐ **Please SEND INVOICE** for the sponsorship c/o Name/Title

☐ **We will PAY BY CREDIT CARD:**
Charge my credit card (MasterCard/Visa/American Express/Discover Card): #

Card Mailing Address Name on Card: | Expiration Date: | CCV:

Address: | City: | CA | Zip:

ORGANIZATION NAME ON SIGNAGE:

Please send your Logo in BOTH JPEG Format (300 dpi) and in EPS (Vector Art) format.

THE PERSON WHO WILL BE COORDINATING YOUR BOOTH THE DAY OF THE EVENT IS:

Contact Person(s) & Title(s):

Email: | Work Phone: | Cell Phone:

Address: | City: | CA | Zip:

Thank you for your support of the AIDS Walk Orange County