

6000 Sisters, 6000 Steps for Hope

Breast Cancer Walk and Expo

*"Its not just **Pink** it's personal"*

2016 Exhibitor Form



HEALTH EXPO BOOTH RENTAL AGREEMENT

Organization Name _____

Contact Name _____ Phone _____

Street Address _____

City _____ Zip _____

E-mail _____ Fax _____

Release of Liability

In signing below, I verify that in consideration of you accepting my participation in the Health Expo, I intend to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights I may have against Sisters Network Inc., Sisters Network Dallas, Richland College, Dallas County Community College District, and all other associated sponsors, promoters and agents for any and all injuries or damages suffered by me in conjunction with and/or arising in and out of my traveling to, participation in, and returning from the Health Expo.

Exhibitor's Signature _____ Date: _____

Mail this form and your check/money order payable to:

**Sisters Network Dallas
P.O. Box 743811
Dallas, Texas 75374**

Return form no later than **October 16, 2016**

www.sistersnetworkdallas.org