



MICHAEL RUBENSTEIN MEMORIAL KIDNEY WALK

We are excited to invite you to be a part of an incredible event that will make a lasting impact on the lives of those affected by kidney disease. The Mississippi Kidney Foundation's Kidney Walk is just around the corner, and we need your support to make it a resounding success!

We are excited to have you join us for this important event that supports individuals and families affected by kidney disease.

Vendor Requirements:

- Each vendor will be provided with a designated booth area. Vendors are responsible for bringing their own tables, chairs, and any other equipment needed for their booth setup. Electricity arrangements for booths will need to be discussed prior to the event.
- All vendors must comply with local health and safety regulations.
- Vendors are responsible for their own sales transactions and must bring their own cash register or point-of-sale system.

Vendor Fee:

- Health-related vendors have free admission to the event.
- For non-health-related vendors, **a non-refundable vendor fee of \$50** payable upon approval of your application. This fee helps support the Mississippi Kidney Foundation's mission to provide crucial services and assistance to individuals living with kidney disease.

Submission Deadline:

Please submit your completed vendor form no later than Friday, September 15, 2023. Spaces are limited, so early submission is encouraged.

We appreciate your support and commitment to making a difference in the lives of those affected by kidney disease. If you have any questions or need further information, please contact our Executive Director, TJ Mayfield, at tj@kidneys.org.

2023 KIDNEY WALK SPONSORSHIP FORM

To secure your spot as a vendor for the Kidney Walk, fill out the form below and send this completed form to our Executive Director, TJ Mayfield, at tj@kidneymms.org. Make check payable to: Mississippi Kidney Foundation, 3304 N State Street, Suite 102, Jackson, MS 39216

Vendor Information:

Business/Organization Name: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Type of Business:

Health-related

Non-health-related

Description of Products/Services: