



Friday, March 27, 2020 • 6:00 pm
Par-A-Dice Hotel & Casino



Dear Uncorked! Vendor,

We hope you will consider becoming a food or drink vendor for our *Uncorked!* event. Because of your support, adults and youth are receiving education to make healthy choices and to prevent and manage chronic diseases. It is because of your contributions to this event that we can help those in our community reach their full potential.

Mark your calendar for **Friday, March 27, 2020** and join us at ***Uncorked!*** Last year, almost 400 attendees enjoyed the evening! Don't miss this fun opportunity to get your business out in front of our large audience! **Plus, we will include 10 complimentary tickets.** I have included a vendor confirmation form. Please look it over and return to us by **February 3, 2020**. If you have questions, please contact Morgan Koehler, Marketing and Special Events Coordinator, at 309.692.6650 or mkoehler@hulthealthy.org.

Thank you again for your continued support of Hult Center for Healthy Living and your dedication to our mission of "empowering people to live healthier lives."

Sincerely,

Andrea Parker
Executive Director
Hult Center for Healthy Living



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Yes, we would like to be a vendor at Uncorked!

Vendor Name _____

Contact Person _____

Address _____

City/State/Zip _____

Phone Number _____ **Email** _____

Description of food/beverage items provided _____

Will this be served Hot _____ Cold _____

Number of server(s) you will be providing for the event _____

Will your item come "buffet ready" (i.e. on platters, chafers ready for buffet table)? _____

Special Needs

_____ Electrical Outlet

_____ Hot Box

_____ Ice

_____ Other _____

How would you like your name to appear on any signage and program materials? _____

Please initial below your agreement for event food/beverage sponsorship

_____ As a food vendor we will gladly provide at minimum, 500 hors d'oeuvre servings of above described food item(s) from 6:00 p.m. to 10:00 p.m.

_____ As a beverage vendor we will gladly provide, at a minimum, 500 samples of above described beverage(s) from 6:00 p.m. to 10:00 p.m.

Signature: _____ **Date:** _____

**RETURN THIS FORM and your business logo to Morgan Koehler: mkoehler@hulthealthy.org.
We are so grateful for your participation and look forward to a great night!**