

HEALTH - EMPLOYMENT IMMIGRATION & KIDS FAIR



VENDOR INFORMATION PACKET

ORLANDO

DECEMBER 10, 2011

www.aaccflorida.org/fair



ARAB AMERICAN COMMUNITY CENTER OF CENTRAL FLORIDA

4540 West Colonial Drive, Suite A
Orlando, Florida 32808

Website: www.aaccflorida.org

Email: aaccinfo@gmail.com

Telephone: (407) 504-7333

About Arab American Community Center

The Arab American Community Center (AACC) of Central Florida is a 501-C3 non-profit organization a non-partisan, non-sectarian, tax- exempt nonprofit organization dedicated to providing the greater Orlando area with services that meet the community's economic, social and cultural needs. With specialized expertise in the Arab culture, we strive to empower Central Florida Arab Americans to become strong, healthy, confident, engaged and integrated citizens.

EVENT DESCRIPTION

The AACC will be conducting its Health, Employment, Immigration and Kids Fair as we have identified these three areas as extreme importance to our community. The event will allow our community to be exposed to professional and information regarding the three fields above. We truly believe in benefiting our community and catering to their needs.

For the Health portion of the fair we envision proving free diagnostic checks or diabetes, breast cancer, heart disease, etc. In addition to physical services we would like to provide medicinal samples, pamphlets, and health seminar for the Fair's attendees. Also to reiterate our dedication to community service, we have invited the Central Florida Blood Bank for those who wish to donate blood.

The Employment aspect will include resume workshops, employer with spot interviews, guidance counselors, and seminars to educate the community on higher-education, technical certifications, and job-hunting techniques.

We will also have several volunteer Immigration attorneys providing free consultations. Often times, those who are "out of status" believe they do not have relief and/or are afraid to come forward due to the fear of being exposed.

It would not be a traditional AACC event if we did not have something special for children. We believe in core family values and hope our events are attended by families as a whole. We will have carnival rides, music and food for all. For many this event may be stressful and we would like to offer entertainment for those who wish to better themselves.

With the Health, Employment, Immigration and Kids Fair, we hope to offer hope, inspiration and peace of mind for our community.

3RD ANNUAL HEALTH, EMPLOYMENT, IMMIGRATION & KIDS FAIR

Date: December 10th, 2011

Time: 12:00 p.m. to 7:00 p.m.

Place: Central Florida Fair

4603 West Colonial Drive

Orlando, Florida 32808

Attendance: Expected 5,000



VENDOR FEES & INFORMATION

FOOD

All food vendors who sell a product that is consumed (eaten!) at the Fair. Food booth Fee: \$1000.00

Includes: 10 x 10 canopy, 1 table and 2 chairs

Security Deposit

Electricity available upon request. Vendor must provide own lighting and extension cords.

PROFESSIONAL SERVICES

Open to companies that wish to promote their professional services like insurance companies, real estate, chiropractic, plastic surgeons, law offices, travel /vacation. Also car and boat dealerships and custom made goods such as hot tubs and spas, sunrooms, floorings etc.

Fee: \$500.00 per booth

Includes: 10 x 10 canopy, 1 table and 2 chairs

Electricity available upon request, vendor must provide own lighting and extension cords.

MERCHANDISE SALES

Definition: Open to a vendor selling approved non-handcraft products, i.e. sunglasses, novelty items (hats, headbands and visors), cell phone accessories, home decorative items, garden items, any mass-produced items, etc. All items must be approved.

Fee: \$500.00 per booth

Includes: 10 x 10 canopy, 1 table and 2 chairs

Electricity available upon request, vendor must provide own lighting and extension cords.

FOOD VENDOR REQUIREMENT & INFORMATION

All food vendors must submit to the Arab American Community Center, a full menu and suggested pricing for approval. We would like it to have the best representation of Arabic Cuisine. The sell Alcohol beverages strongly prohibited. All of foods shall serve wrapped.

Submit your application and fees with a list of food items you are requesting to sell and the suggested pricing.

Set-up and loading instructions: Set-up for food vendors is on Saturday from 6.00 a.m. to 10.00ap.m. After set up, all ve-hicles must be removed from dock. If you have any special needs, please contact the Arab American Community Center prior to the Fair.

EQUIPMENT

Gas usage in the center is allowed by the Orange County fire marshal department (subject to permission).

Electricity is only source to cook. Fill the attached service order forms for electricity usage but all extension cords must be provided by vendors, and not have any patched, frayed, exposed or otherwise improper repairs.

Upon request extension cord will be charged. We suggest a 100' cord per circuit needed. All other wiring and connections will be inspected and must be properly grounded and to code.

INSPECTIONS

All vendors must fill Temporary food service requirements forms for inspection. Inspections will be from 9.00 a.m. to 10.30 a.m. December 10th, 2010. All Food vendors must pass the inspections in order to open to sell foods. Also all vendors must follow up the Orange County Temporary food service requirements. Vendors cannot charge approved prices without A.A. C. C. permission. Violations may cause the termination of the booth. An accepted application is a commitment to show. No refunds will be made for cancellation.



GENERAL VENDOR REQUIREMENTS AND INFORMATION

Vendor Acceptance: All vendors must provide a complete list of products and description or photo of your products or services along with a complete application and full payment of fee. A deposit can be sent to reserve your space but all fees must be paid in full one week prior to the event. No more money will be collected on site!

ELECTRICAL REQUIREMENT

We will supply basic electric. No Refund Policy: An accepted application is a commitment to show. No refunds will be made for cancellation.

EXCLUSIVE CATEGORY

Certain commercial items will be granted exclusive category rights. 3 booth space purchases may be required. Please note there will be NO EXCLUSIVITY for the hats, visors & headbands of different countries. Objectionable Material or Activity: Arab American Fair is a family event. We reserve the right to disallow any activity or objectionable material from being displayed, sold, or distributed in any manner. Music must not project from your booth space.

Set-up and Loading Instructions: All vendors must set-up on Saturday from 6.00 a.m. to 10.00 a.m. After that time, all vehicles must be removed from dock. You will be allowed to unload / set-up. You are not allowed breakdown the booth before closing (7.00 p.m.)

LIABILITY

Arab American Community Center and Orange County Authority accept no responsibility for damages, theft, injury, or loss of earnings for your equipment, and in the securing of it so that no injury would be caused to others.

PAYMENT INFORMATION

Accepted forms of payment are by cash, check or money order.

Vendors are confirmed as accepted when Arab American Community Center has received full payment of fee. Payment made by check must be received at the Arab American Community Center office no later than December 1, 2011. Checks will not be accepted after this date. Do not mail cash. Checks and money orders must be made payable The Arab American Community Center.

You will not be permitted to open if these requirements are not met!!!



VENDOR APPLICATION FORM

Please mail or fax completed application with signature along with payment in full and list of products to: Arab American Community Center
 4540 West Colonial Drive
 Suite A
 Orlando, Florida 32808
 Phone: 407-504-7333
 Email: aaccinfo@gmail.com
 www.aaccflorida.org

MAKE CHECK PAYABLE TO: ARAB AMERICAN COMMUNITY CENTER		
Business Name:		
Contact Name:		
Mailing Address:		
Phone:		
E-mail Address:		
Website:		
List of Items You Wish to Sell:		
CATEGORIES & PAYMENT WORKSHEET		
<input type="checkbox"/> Food booth # Booth	@ \$1000.00 each	\$
<input type="checkbox"/> Merchandise Sales # Booths	@ 500.00 each	\$
<input type="checkbox"/> Professional Services # Booths	@ 500.00 each	\$
<input type="checkbox"/> Cash / Check received \$	Total Payment Due:	\$
I have read and understand all that is written in The Festival vendor application and will comply with all the rules and regulations as stated.		
Signature:	Date:	

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

This agreement is made (month/date/year) _____, between

(Print your name here), _____ herein referred to as "VENDOR" and the Arab American Community Center of Central Florida. **IN CONSIDERATION FOR PARTICIPATION** in the Health, Employment, Immigration and Kids Fair the undersigned hereby agrees to the following:

- 1) Vendor releases and forever discharges the Arab American Community Center of Central Florida, its board of directors, agents, employees (including volunteers) and the City of Orlando from all liability due to loss or damage and any claim or demand therefore, on account of injury or property damage sustained by any individual or entity resulting from the Vendor's use of or participation in the Health, Employment, Immigration and Kids Fair.

- 2) Vendor agrees to indemnify and hold harmless the Arab American Community Center of Central Florida, its board of directors, agents and employees (including volunteers) and the City of Orlando from any monetary/property loss, liability, damage or cost, including attorney fees, arising out of Vendor participation in the Health, Employment, Immigration and Kids Fair, whether caused or not by the negligence or willful act of the Vendor or any other persons or entity.

- 3) Vendor hereby assumes full responsibility for the risk of bodily injury, death, or property damage relating from or arising out of Vendor participation in the Health, Employment, Immigration and Kids Fair.

- 4) Vendor further expressly agrees that the forgoing RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the laws of the State of Florida. If any provision of this Agreement is held by a Court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall nevertheless continue in full force and effect without being impaired or invalidated in any way.

- 5) Vendor has read and understands the **RELEASE** and **WAIVER of LIABILITY and INDEMNITY AGREEMENT**, is authorized to and voluntarily signs the same.

Signature: _____ Date: _____

CREDIT CARD AUTHORIZATION FORM

Instructions

- 1) Fill out this form.
- 2) Fax it to: 1 (866) 885-5385

As a participant of the 2011 Health, Employment, Immigration and Kids Fair, I authorize the Arab American Community Center of Central Florida (AACC) to charge my credit card for the listed amounts on the dates indicated below for the Sponsor/Vendor package. I understand that the Arab American Community Center of Central Florida, will verify this information with the credit card company, and I herewith declare that this information is correct.

I understand and agree that:

1. All signed contracts with the Arab American Community Center of Central Florida, are non-refundable, non-transferable and cannot be changed.
2. I understand that once I sign this form, I am liable for the entire contract amount.

Installments:

First installment to be charged upon signing this form for \$ _____

Second installment to be charged on for \$ _____

Third and final installment charged on for \$ _____

The Undersigned, _____, authorizes the Arab American Community Center of Central Florida to process the charges from the following debit/credit card.

CARD INFORMATION:

Card Type: ___ American Express ___ Visa ___ MasterCard

Card Number: _____ Security Code: _____

Visa and MC - Flip the card over. It is the last three numbers found in the right side of Signature stripe. American Express - The four numbers found above the 15-digit credit card number.

Expiration Date: Month: _____ Year: _____

Card Holders Name: _____ Your Contact Phone #: _____

Card Statement Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____