

# 2018 Walk to End Alzheimer's Exhibitor Form

## Alzheimer's Association California Southland Chapter



### EXHIBITOR OPTIONS:

- 1 Walks (\$400)
- 2 Walks (\$600)
- 3 Walks (\$800)
- 4 Walks (\$1000)
- 5 Walks (\$1200)
- 6 Walks (\$1400)
- 7 Walks (\$1500)
- 8 Walks (\$1600)
- 9 Walks (\$1700)
- 10 Walks (\$1800)
- 11 Walks (\$1900)

### PLEASE SELECT WALK(S):

- Ontario | 09.16 | Ontario Mills
- Riverside | 09.22 | Martha McLean Anza Narrows Park
- Santa Monica/Westside | 09.23 | Tongva Park
- Beach Cities | 09.29 | Hermosa Beach Pier Plaza
- San Fernando Valley | 09.30 | CBS Studios
- Santa Clarita | 10.06 | Bridgeport Park
- Temecula Valley | 10.07 | Temecula Valley High School
- Long Beach | 10.13 | Rainbow Lagoon Park
- Visalia | 10.13 | Mooney Grove Park
- Bakersfield | 10.20 | The Park at River Walk
- San Gabriel Valley | 10.28 | Pasadena City College

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

**PAYMENT: \$** \_\_\_\_\_

- Enclosed is my check made payable to: Alzheimer's Association.
- Please invoice me. I understand that payment is required prior to the event.
- Please charge my credit card:       Visa       Mastercard       AMEX

Name on Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**SEND EXHIBITOR FORM  
AND LOGO TO:**

Yolanda Van Dyke  
626.756.5041 cell  
844.458.8009 fax  
yvandyke@alz.org

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9606 S. Santa Monica Blvd.  
Suite 200  
Beverly Hills, CA 90210