Vendor Registration

YOUTH HEALTH SUMMIT 2025

Organization Name _____

Organization Address _____

City _____ State _____ Zip _____

Event Point of Contact _____

Phone _____ Email _____

Sponsorship Levels (Mark ALL that Apply)

_____	Title Sponsorship $2025	Quantity Available:1 What You Get: Booth, Name on Flyer as Title Sponsor, Goodie Bag, T-Shirt, Social Media Shoutout, Video, Plaque and 2-Min Speech during Event. Lunch for 6 people.
_____	Lunch Sponsorship $1525	Quantity Available:2 What You Get: Booth, Name on Flyer as Lunch Sponsor, Goodie Bag, T-Shirt, Social Media Shoutout, Video, and Plaque. Lunch for 4 people.
_____	Stipend Sponsorship $750	Quantity Available: Unlimited What You Get: Booth, Name on Flyer Community Sponsor, Goodie Bag, T-Shirt, Social Media Shoutout, and Video. Lunch for 4 people.
_____	Giveaway Sponsorship $525	Quantity Available:5 What You Get: Booth, Name on Flyer as Giveaway Sponsor, Goodie Bag, T-Shirt, and Social Media Shoutout. Lunch for 3 people.
_____	Snack Sponsorship $275	Quantity Available:10 What You Get: Booth, Name on Flyer as Snack Sponsor, Goodie Bag, and T-Shirt. Lunch for 2 people.
_____	Breakfast Sponsorship $125	Quantity Available:15 What You Get: Booth, Name on Flyer as Breakfast Sponsor. Lunch for 2 people.
_____	Vendor II $50	Vendor II: Quantity Available: Unlimited What You Get: Booth. Lunch for 1 person.
_____	Vendor I $25	Vendor I: Quantity Available: Unlimited What You Get: Booth. NO LUNCH.

Number of Exhibitors _____ *Each additional person not included with your package is $15*

1. Name _____	1. Email _____
2. Name _____	2. Email _____
3. Name _____	3. Email _____
4. Name _____	4. Email _____
5. Name _____	5. Email _____
6. Name _____	6. Email _____

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Event Regulations and Waiver of Liability

- Nothing shall be posted on, nailed, screwed, or otherwise attached to columns, walls, floors, drapes, or other parts of the exhibit structure or furniture.
- Unfortunately, no security is provided. Exhibitors should not leave valuable articles unprotected. “Hand-outs” or gifts should be placed out of sight or locked when not at the booth.
- DJ CENTER FOR YOUTH, INC will need to be informed if the whole or any part of your exhibit space is shared with another partnering organization.
- DJ CENTER FOR YOUTH, INC does not maintain insurance to cover exhibitor’s property. Damage/loss or injury to the person/s assembling and dismantling the exhibit. This is the sole responsibility of the exhibitor.
- DJ CENTER FOR YOUTH, INC does not maintain insurance to cover exhibitor’s attendance at the Youth Health Summit. You are attending on your own accord.
- DJ CENTER FOR YOUTH, INC will provide exhibitors with assigned space.
- Exhibitor agrees to protect, save, and hold DJ CENTER FOR YOUTH, INC, Martin University, IU School of Social Work, youth attendees, and all staff, volunteers of all attending partners and collaborators harmless for any damages or charges imposed for violations of any ordinance, and all other claims of losses, costs, and damages, including attorneys’ fees and judgments, arising from or out of or by reason.
- All exhibitors guarantee to enjoy themselves and engage with attendees and peers at the event.

Please make all checks payable to DJ Center for Youth, Inc., c/o Amaree Conley, and mail them to 8810 Sunningdale Blvd. Indianapolis, IN 46234. We ask that all checks be sent prior to March 21st to ensure all exhibitors are included in all marketing materials and to assist with the offset of costs associated with the event. Thank you for your understanding.

Upon receipt of exhibit registration, DJ CENTER FOR YOUTH, INC will notify the exhibitor with confirmation and send separate instructions.

Signature of Exhibitor/Organization Representative _____

Date _____

YHS Rep Only

Sponsorship Level Requested: _____ **Sponsorship Level Granted** ☐ **Yes** ☐ **No**

Check Included ☐ **Yes** ☐ **No** *(Organizations that need the Center’s W-9 email djcenter4youth@yahoo.com attention Devina)*

Date Deposited _____ **Date of Follow Up Email to Org** _____

Notes: