



Saturday March 25th, 2017

Expo hours: 5:00 am – 3:00 pm

Load in 4:00am – 5:00 am

Irvine Valley College

Supports The Pediatric Cancer Research Foundation

Expo Booth and Goody Bag Application

<input type="checkbox"/> Vendor Expo Booth	\$300
The expo offers you an opportunity for great marketing by offering one-on-one contact with your target market.	
<ul style="list-style-type: none"> • Will you be handing out food or beverage or selling food, beverage or items of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No • Please note you will be required to provide the appropriate documentation to management by March 13th. • Products to be displayed, sampled or sold: _____ 	
<input type="checkbox"/> Electricity: Electricity request must be submitted no later than March 17 th .	\$50
<input type="checkbox"/> Canopy Tent Rental	\$100
Canopies are required. Please bring your own or choose this option and add to your total. If you bring your own, weights are required	
<input type="checkbox"/> 2 Day Expo Upgrade	\$150
Participate in the Reaching for the Cure Half Marathon on Sunday March 26 th and increase your exposure by over 4000 participants	
<input type="checkbox"/> Goody Bag Insert	\$150
<ul style="list-style-type: none"> • Sample your product/service to an enthusiastic adult and youth fitness-minded market by placing your product (product sample, flyer, coupon, keychain, etc.) in the Saddleback Spring Classic goody bag. You need approximately 700 items • Items to be inserted: _____ • Please send items to Renegade Racing, 22600-C Lambert St Ste 910, Lake Forest, CA 92630 	
<input type="checkbox"/> Expo Booth and Goody Bag Insert	\$400

Company Name: _____

Enclosed is my check for \$ _____

Contact Name/Title: _____

Please make check payable to **Renegade Racing** and mail, fax or email payment to: Renegade Racing, 22600-C Lambert St Ste 910, Lake Forest, CA 92630 (949) 975-1814, or

Address: _____

questions@renegaderaceseries.com

City/State/ZIP: _____

Phone: _____

Please charge my credit card:

Visa MC AMEX

Email: _____

Card # _____

Expiation Date/CVV Code: _____/_____

Billing Zip Code: _____

www.RenegadeRaceSeries.com | Fax: 949-975-1814 | Email: questions@renegaderaceseries.com | Phone: 949-975-1812

Visit our website to view our other event marketing opportunities and expos!

RENEGADE RACE SERIES