



## Medical Vendor Registration Form

### Annual South Carolina Lupus Walk

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CONTACT NAME

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PHONE NUMBER | EMAIL ADDRESS

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NAME OF ORGANIZATION/PRACTICE

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STREET ADDRESS

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CITY / STATE / ZIP CODE

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WEBSITE (IF APPLICABLE)

#### Organization Classification

- ☐ Hospital / Health System
- ☐ Medical Practice
- ☐ Research Organization
- ☐ Nonprofit Health Organization
- ☐ Pharmaceutical / Biotech
- ☐ Wellness Provider
- ☐ Other: \_\_\_\_\_

#### SERVICES & RESOURCES PROVIDED.

Please provide a comprehensive description of the medical services, screenings, educational materials, or resources you will provide during the event (no product sales permitted unless pre-approved):

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#### SET-UP DETAILS

Space Requested:

- ☐ One 6-8 ft. table (Provided)
- ☐ Bringing own table
- ☐ Additional space required (please specify): \_\_\_\_\_

Electrical Access Needed: Yes ☐ No ☐

Estimated number of Representatives Attending: \_\_\_\_\_



## REGISTRATION FEE

Medical Vendors: Complimentary Registration (No Fee Required)

Crowning Lupus values our healthcare and advocacy partners and welcomes medical vendors at no cost to support lupus education, awareness, and community engagement.

## MARKETING & PROMOTIONAL MATERIALS

☐ We would like our logo included in event marketing materials.

(Please email a high-resolution PNG or JPEG logo by the designated deadline.)

Logo submission deadline: Monday, March 30, 2026

## LIABILITY ACKNOWLEDGEMENT

By signing below, the organization agrees to provide accurate and ethical medical information, ensure representatives act professionally, comply with all event safety guidelines, and release and hold harmless Crowning Lupus, its officers, volunteers, and partners from liability related to participation in the event.

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## SUBMISSION INFORMATION

Crowning Lupus

Attn: Medical Vendor Registration, Lupus Walk

75 Oakcrest Lane

Aiken, SC 29803

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

For more information, please contact Mrs. Alfreida Bing at [MzJackzon31@hotmail.com](mailto:MzJackzon31@hotmail.com) or (803) 439-3429.