



Business Vendor Registration Form

Annual South Carolina Lupus Walk

CONTACT NAME

PHONE NUMBER | EMAIL ADDRESS

NAME OF ORGANIZATION/PRACTICE

STREET ADDRESS

CITY / STATE / ZIP CODE

WEBSITE (IF APPLICABLE)

PRODUCT / SERVICES TO BE SOLD OR PROMOTED

Please provide a comprehensive list of the products or services you will be selling or promoting at the event:

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: _____

VENDOR FEE

Business Vendor Registration Fee: \$25.00

Payment Deadline: Monday, April 6, 2026

Vendor space is not confirmed until payment is received. Fees are non-refundable unless the event is canceled by Crowning Lupus.



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: Vendor Registration, Lupus Walk

75 Oakcrest Lane

Aiken, SC 29803

Email: _____

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