



ACCEPTING APPLICATIONS FOR HEALTH AND WELLNESS VENDORS

Theme: ***Better Together: Connected, Committed, & Capable***
Focusing on Mental Health & Wellness for Adults and Children

Tuesday, March 7, 2023 - 4:30 p.m. to 7:30 p.m.
1600 Pennsylvania Avenue, Dallas, TX 75215

We invite you to showcase your mental health & wellness services at our Parent University event. The event will include educational workshops for parents and events for students grades pre-kinder 2 thru 8th grade. The estimated attendance is ~350 people (200 adults and ~150 children).

This is a golden opportunity for you to **display, promote, and sell your product or service** (mental health & wellness focus). You are welcome to give away samples, door prizes, and coupons for your products/services. All must be approved and support the [school's mission statement and core values](#).

If you are interested in participating, please complete and email this page and [submit payment for the fee](#). The vendor's fee is **\$100.00 for profit** and **\$75.00 for non-profit** providers. Go to: <https://www.stphilips1600.org/donate/>. To submit your vendor payment on the website, follow these steps:

- Select Donation amount: \$75.00 (non-profit) or "Other Amount" for \$100.00 (for profit)
- Select: "**Donate Now**"
- Scroll down to **My donation is for**, select "Other"
- Scroll down to **Notes/Comments**, type: *Parent University*.
- Complete your Donation Information section
- Complete your Billing Information section.
- Enter *Submit*.

Upon payment, vendors will receive the setup procedures for the event.



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- Vendors should be set up and ready to serve at 4:30 p.m. sharp.
- Vendors will be provided a 6' table with two chairs,
- Vendors are encouraged to have a QR Code, flyer, or business card for attendees to access your service/product.
- Vendors are encouraged to have their own process for making contact with attendees.
- Vendors are responsible for their own decor and informational materials.
- Vendors are encouraged to give a prize, coupons, or other incentives as a drawing.

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| Name of Business: | <input type="text"/> |
| Name of Representative Attending: | <input type="text"/> |
| Cell Phone Number: | <input type="text"/> |
| Email Address: | <input type="text"/> |
| Full Mailing Address of Business: | <input type="text"/> |
| Identify your product or service to be promoted: | <input type="text"/> |
| Does your product or service support the mission of SPSCC? | <input type="text"/> |