

PARTICIPANT REGISTRATION

I WOULD LIKE TO: (check all that apply)

Attend the event as an EXHIBITOR and agree	
(One - 8 Ft. Table & Linen - (Luncheon ticket no	to pay \$50 before the event date or forfeit my space ot included)
	hip information - provide camera ready AD before October 1, 2024 ponsor \$1,000 Pink Sponsor \$500 We Wear Pink Sponsor
Donate a Designer Handbag for the event auction	on.
Donate a Silent Auction item (Please see donate or EMAIL: admin@tularehospitalfoundation.org	ion form for more information
I would like to advertise my business, or place a	memorial/tribute ad in the Event Program
Purchase ticket(s) to "PROUD 2 WEAR PINK" E	Expo and Luncheon (\$60/Per Person)
I am unable to attend the event in any of donation to the Foundation's Women's	capacity but would like to make a general Imaging / MRI Project
Name:	Address:
Company:	Contact #:
Company:	
	Ex. Date: CV#:

Please make checks payable to: Tulare Hospital Foundation

906 N. Cherry St. - Tulare, Ca 93274

All ads and logos must be finalized two weeks prior to the event in order to appear in program book.

FAX BACK TO: 559-685-3826 Tax ID #: 77-0166566

SCAN & EMAIL TO: admin@tularehospitalfoundation.org