



Wednesday, October 11th • 8:00am – 2:00pm

Table with 2 columns: Vendor/Non-Profit status and fee details. Vendor: \$250, 1 Six Foot Vendor Space (included: table and two chairs). Two lunches are provided. Non-Profit: \$150, 1 Six Foot Vendor Space (included: table and one chair). One lunch is provided.

Register & Pay Online at WWW.JGF4SENIORS.ORG

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_
(as you would like it to appear in printed materials)

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

Category: (please choose 1 that best fits your organization/business)

- Assisted Living \_\_\_ Financial Services \_\_\_ Funeral Services \_\_\_ Health & Wellness \_\_\_ Housing \_\_\_ In-Home Care \_\_\_
Insurance \_\_\_ Legal Services \_\_\_ Medicare/Medi-Cal \_\_\_ Medical Provider \_\_\_ Medical Equipment \_\_\_ Other \_\_\_

Vendor Fee = \$ \_\_\_\_\_ + ( \_\_\_\_\_ Additional Meals x \$10/ea = \$ \_\_\_\_\_ ) TOTAL: \$ \_\_\_\_\_

Payment Type: [ ] Check enclosed (payable to Janet Goeske Foundation) [ ] Please bill me

Credit Card: [ ] American Express [ ] Discover [ ] MasterCard [ ] Visa

Payment Information:

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

[ ] Please bill me

[ ] I am unable to attend, but would like to make a donation of \$ \_\_\_\_\_
Tax ID 33-0023938 \* 501(c)3 \* Your donation is tax-deductible to the extent allowed by law.



Return Form to:
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