



# Harlem Pride Community Table

Harlem Pride

## Registration Form

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

### ORGANIZATION INFORMATION

Organization Name:		
Organization Address:		
City:	State:	Zip code:
Organization Website:	Organization Phone:	
Organization Email:		
Type of Organization:	<input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> City/State/Federal Agency <input type="checkbox"/> Political Entity	
Federal EIN/Tax ID Number:		

### CONTACT INFORMATION *(Person(s) who will be at the event)*

Contact Person #1	Contact Person #2
First Name:	First Name:
Last Name:	Last Name:
Title/Position:	Title/Position:
Email:	Email:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

### TABLE INFORMATION *(Each table space includes one (1) - table and two (2) folding chairs)*

What items will you have on your table?	
Will you have items for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, you need a vendor's license.</i>	License #
If Yes, what items will you have for sale?	
Will your organization do any type of medical testing?	<input type="checkbox"/> Yes <i>(*Must complete section below and purchase testing package.)</i> <input type="checkbox"/> No

### \*TESTING INFORMATION

*(Each Testing Package includes a Larger Space, two (2) - tables, four (4) folding chairs, and space for a Testing Vehicle if needed.)*

Type of Testing <i>(Check all that apply)</i>		Testing Environment <i>(Check all that apply)</i>	
<input type="checkbox"/> HIV	<input type="checkbox"/> Other <i>(please specify)</i>	<input type="checkbox"/> Space for Testing Tents/Canopies	<input type="checkbox"/> Space for Vehicle
<input type="checkbox"/> Hep C	-----		Vehicle Length: ___ Feet
<input type="checkbox"/> STI			

### Contact information for the person(s) responsible for completing and returning our Testing Report Form.

Contact Person #1	Contact Person #2
First Name:	First Name:
Last Name:	Last Name:
Title/Position:	Title/Position:
Email:	Email:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

**FEE INFORMATION** (Mail Check/Money Order made payable to 'Harlem Pride, Inc.' to: Harlem Pride, 42 Macombs Place, NY, NY 10039)

<b>Community Tables:</b>	<b>Early Bird:</b> \$150/table (January 1st - February 28th)	<b>Regular:</b> \$200/table (March 1st - May 31st)	<b>Late:</b> \$300/table (June 1st - June 19th)
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**Testing Package:** \$500/package (January 1<sup>st</sup> to June 19<sup>th</sup>)

**PLEASE NOTE:** We do NOT provide canopies and canopies can be no larger than 10ft x 10ft)

**PAYMENT INFORMATION**

Item	Quantity	Total
<b>*Community Table(s)</b>		
<input type="checkbox"/> <b>Early Bird:</b> \$150/table (January 1st to February 28th)		
<input type="checkbox"/> <b>Regular:</b> \$200/table (March 1st to May 31st)		
<input type="checkbox"/> <b>Late:</b> \$300/table (June 1st to June 19th)		
<b>*Testing Package(s)</b>		
<input type="checkbox"/> \$500/package (January 1st to June 19th)		
<b>*NO REFUNDS</b>	<b>TOTAL</b>	

**PAYMENT DETAILS****BILLING ADDRESS**

Organization Name:

First Name:

Last Name:

Billing Address:

City:

State:

Zip code:

**GENERAL INFORMATION** (Questions: Email Michael E. Hodge at 'mhodge@harlempride.org')

Location:	12 <sup>th</sup> Ave. btwn W. 135 <sup>th</sup> & W. 138 <sup>th</sup> Streets / Google Map Link: <a href="https://goo.gl/maps/Bcyr8hzbpR22">https://goo.gl/maps/Bcyr8hzbpR22</a>
Directions:	<b>Train:</b> 1 Train to W. 125 <sup>th</sup> and walk up 12 <sup>th</sup> Avenue to West 135 <sup>th</sup> Street <b>Bus:</b> BX15 to 125 <sup>th</sup> and 12 <sup>th</sup> Avenue/M4 or M5 to 125 <sup>th</sup> and Broadway, walk west on 125 <sup>th</sup> then turn right on 12 <sup>th</sup> Avenue and walk up to West 135 <sup>th</sup> . <b>Car:</b> West Side Highway 125 <sup>th</sup> Street Exit, turn left on 12 <sup>th</sup> Avenue, look for parking.
Set-up:	[9AM – 11AM Set-up] (Event 12 – 5PM) <i>(Get your Table Location and Info Packet from the Information Table @ West 135<sup>th</sup> Street)</i>
Break down:	[5PM – 6PM Break Down] <i>Please dispose of your trash in the provided receptacles.</i>
Suggestions:	Bring table cloths, <b>PLEASE NOTE:</b> We do NOT provide canopies and canopy max size = 10ft x 10ft.

Print Name:

Date:

Signature:

**INTERNAL USE ONLY**

Date Received:	Received By:
Date Entered:	Entered By:
Transaction Number:	Authorization Number:
Credit Card Type:	Last 4-Digits of Credit Card Number:
Check/Money Order Number:	