



Prince George's County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 3604 ▲ Capitol Heights, MD 20791-3604

December 9, 2009

PGCAC Officers
2008 – 2010



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Dear Vendor:

The Prince George's County Delta Alumnae Foundation, Inc. in association with the Prince George's County Alumnae Chapter, Delta Sigma Theta Sorority, Inc. presents the **Ultimate Challenge Step Show** on Saturday, March 27, 2010 (7:00 p.m.) at the Show Place Arena in Upper Marlboro, MD. The Prince George's County Alumnae Chapter (PGCAC) would like for you to participate as a vendor to help make the step show a success.

In order to reserve your table, please return the enclosed application and Hold Harmless Agreement with the application fee of \$250.00 by **January 31, 2010**. The application fee includes one table and two admission passes. Additionally, because of limited space, we ask that you do not bring your personal tables. Phone lines are available for credit card use however; we must reserve phone lines with the facility **no later than March 12, 2010** so that the phone company may make the necessary connections. Table reservations must be paid in full and will be assigned on a first-come - first-serve basis. Please note that each vendor booth is limited to an 8 ft. x 10 ft area, all merchandise, racks and displays must fit within your assigned space. **We fully expect that the items you are selling will be authentic (not of reproductive quality) and appropriate for the event. No reproduced DVD's or CD's will be allowed!**

We expect all of the fraternities and sororities to be represented at the step show. The step show at Show Place Arena offers PGCAC the opportunity to broaden its ticket sales with an expectation of over 3,000 people in attendance.

You will receive confirmation via e-mail that your payment has been received and you have a confirmed slot as a vendor. If you do not receive confirmation, please contact **Karen Willis or Robin Carpenter** before the event to ensure that you have a reserved space. **No payments will be accepted on-site.** Payment should be made in the form of a money order or certified check. No personal checks will be accepted.

We look forward to having you as a vendor at the **Ultimate Challenge Step Show** and encourage you to promptly return the enclosed documents to reserve your space. If you have any questions, please contact Karen Willis: kwillis14@yahoo.com or Robin Carpenter: deltalegacy_92@verizon.net.

Sincerely,
Karen Willis
Karen Willis
Vendor Coordinator

Robin Carpenter
Robin Carpenter
Co-Vendor Coordinator

cc: Tracye Lynne Mitchell
Fundraiser Chairperson

Prince George's County Alumnae Chapter
of
Delta Sigma Theta Sorority, Inc.

Annual Step Show Vendor Application Form
Saturday, March 27, 2010
Show Place Arena
14900 Pennsylvania Avenue
Upper Marlboro, Maryland

DATE: _____

CONTACT PERSON: _____

VENDOR NAME: _____

STREET ADDRESS: _____

CITY, STATE & ZIP: _____

DAYTIME PHONE: _____ FAX: _____

EVENING PHONE: _____ TAX I.D. NUMBER: _____

TYPE OF MERCHANDISE: _____

AUTHORIZED VENDOR SIGNATURE: _____

E-MAIL ADDRESS: _____

MAKE MONEY ORDER OR CERTIFIED CHECK PAYABLE TO: PGCAC, DST

Application Fee: \$ 275.00 (includes 1 table & 2 admission passes)
Cost of additional table: \$ 10.00 Number of extra tables _____ (no more than
2 extra tables per vendor)
Cost of phone line: \$ 30.00 (must reserve before March 12, 2010)

Total Payment: \$ _____

Mail Application & Fees To:
Karen Willis
PGCAC, DST
P.O. Box 3604
Capitol Heights, MD 20791-3604

FOR MORE INFORMATION CONTACT:
Karen at kwillis14@yahoo.com or fundraiser@pgcacadst.org
(301) 808-0117

**Prince George's County Alumnae Chapter
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HOLD HARMLESS AGREEMENT

It is understood and agreed that the undersigned vendor will hold the Prince George's County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. harmless and free from any liability for damages to property or bodily injuries from any occurrence associated with the Step Show between 4:00p.m. and 12:00a.m. on Saturday, March 27, 2010 at Show Place Arena, Upper Marlboro, Maryland.

VENDOR/COMPANY NAME: _____

CONTACT PERSON: _____

TITLE: _____

STREET ADDRESS: _____

CITY & STATE: _____

E-MAIL ADDRESS: _____

DAYTIME PHONE: _____ **EVENING PHONE:** _____

AUTHORIZED SIGNATURE: _____ **DATE** _____