

## Lupus Ontario – Vendor Application Package

### What is Lupus?

Lupus is an autoimmune disease, a type of self-allergy, whereby the patient's immune system creates antibodies which instead of protecting the body from bacteria & viruses attack the person's own body tissues. This causes symptoms of extreme fatigue, joint pain, muscle aches, anemia, general malaise, and can result in the destruction of vital organs. It is a disease with many manifestations, and each person's profile or list of symptoms is different. It is often referred to as "The Disease of a 1000 Faces."

### Lupus Ontario

Lupus Ontario is the largest provincial voluntary organization dedicated to improving the lives of people living with lupus through advocacy, education, public awareness, support and research. Celebrating 30 years of service in 2008, Lupus Ontario was formed in 2004 when The Ontario Lupus Association and the Lupus Society of Hamilton amalgamated. Both organizations were formed in 1978 by volunteers dedicated to helping lupus patients learn about and cope with this life-altering and sometimes life-taking autoimmune disorder. Over 1:1000 Canadian men, women and children are living with lupus. Lupus Ontario is a member organization of Lupus Canada and our ultimate goal is: **Life without lupus.**

**Our Vision:** Life without Lupus

**Our Mission:** Lupus Ontario is a team of caring and enthusiastic volunteers and staff who are passionately committed to helping those with lupus live longer and better by raising funds that deliver vital support, education, awareness and research.

The Walk For Lupus Ontario is Lupus Ontario's largest fundraiser, which help pays for:

- 1) Research and clinical studies
- 2) Support, including personal support and support groups
- 3) Education regarding lupus (although we do not provide medical advice). Assisting with the education of Rheumatologists (the specialist doctors who treat lupus) via the annual Geoff Carr fellowship.
- 4) Increasing public awareness of lupus

Thank you

Lupus Ontario  
25 Valleywood Drive  
Suite 10  
Markham, Ontario  
L3R 5L9  
905-415-1099



Terms:

- 1) Each vendor is allowed to represent one product or product line only.
- 2) The fundraising walk will take place, rain or shine – please dress accordingly.
- 3) Vendors are responsible for your own tent, table and chairs.
- 4) Vendors are responsible for set-up and clean-up of your areas.
- 5) The registration cost will be \$30.00. All applications must be received at least 4 weeks prior to the day of the fundraising walk and be accompanied by the registration fee. The registration cost is non-refundable. In the case of non-acceptance of the registration, the fee will be reimbursed.
- 6) Vendors will ensure that the items sold are in good taste and agree that if they are asked to remove any time on display by Lupus Ontario, that they will do so.
- 7) Vendors will have in place for the day, a policy of Commercial General Liability Insurance, Including Product liability and Personal Injury of a total aggregate of at least \$2,000,000 and naming Lupus Ontario as an additional insured. A copy of the insurance certificate must be included with the Vendor Application Form, before approval is granted.
- 8) The vendor shall indemnify and save harmless Lupus Ontario, their employees, agents, volunteers and directors from all claims for loss, damage, injury to persons or property caused by you the vendor, your employees or agents.

If you have any questions, please contact:

Your local walk organizer (contact information at [www.walkforlupusontario.org](http://www.walkforlupusontario.org))

or

Lupus Ontario at 905-415-1099

**VENDOR APPLICATION FORM**

Walk Location: \_\_\_\_\_ Date: \_\_\_\_\_

Set-Up Time: \_\_\_\_\_ Walk registration time: \_\_\_\_\_

Booth removed and site cleaned up by: \_\_\_\_\_

Participating company/organization/group: \_\_\_\_\_

Contact name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to contact: \_\_\_\_\_

Items you plan to sell:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below I agree to the terms listed on page 2 of the Vendor Application Package

Signed: \_\_\_\_\_ Printed signature: \_\_\_\_\_

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

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Office Use:

Payment received from: \_\_\_\_\_ Date: \_\_\_\_\_

Payment received by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount received: \_\_\_\_\_ Cash / Cheque / Credit Card

