## ARTS & music IN THE PARK community enrichment

# registration form

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| Today’s date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | VENDOR NUMBER : | | | | | | | | | | | | | | | | | | | | | | |
| VENDER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VENDER last name: | | | | | | | | | | | | | | | | | | First: | | | | | | | | | | | | Middle: | | | | | ❑ Mr.  ❑ Mrs. | | | | ❑ Miss  ❑ Ms. | | | | | | | | Marital status (circle one) | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Single / Mar / Div / Sep / Wid | | | | | | | | | | | |
| Is this your legal name? | | | | | | If not, what is your legal name? | | | | | | | | | | | | | | | | | | | | | VENDOR RATE: | | | | | | | | | | | | | | | | Birth date: | | | | | | | | Age: | | | Sex: | | | | |
| ❑ Yes | | ❑ No | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | / / | | | | | | | |  | | | ❑ M | | | ❑ F | |
| Street address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF VENDER : | | | | | | | | | | | | | | | | Home phone no.: | | | | | | | | | | | |
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| P.O. box: | | | | | | | | | | City: | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | | | | ZIP Code: | | | | | | | | | |
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| Occupation: | | | | | | | | | | Employer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SPECIALTY VENDER | | | | | | | | | | | | |
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| Referred to EVENT by (please check one box): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ❑ . | | |  | | | | | | | | | | | | | | | | ❑ | | | | | | | | ❑ | | |
| ❑ Family | | | ❑ Friend | | | | ❑ Close to home/work | | | | | | | | | | | | | | | | | ❑ Yellow Pages | | | | | | | | | | | | | ❑ Other | | | | | | |  | | | | | | | | | | | | | | |
| Other family members seen here: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| EMPLOYMENT VENDER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Please give your card to the receptionist.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person responsible for Booth: | | | | | | | | Birth date: | | | | | | | | | | | | | Address (if different): | | | | | | | | | | | | | | | | | | | | | | | | | Home phone no.: | | | | | | | | | | | | |
|  | | | | | | | | / / | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | ( ) | | | | | | | | | | | | |
| Is this person a patient here? | | | | | | | | ❑ Yes | | | | | | | | ❑ No | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Company Name : | | | | Vender Rate  $ | | | | | | | | | | | Employer address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Employer phone no.: | | | | | | | | | | | | |
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| How many openings do you have? | | | | | | | | | | | | ❑ Yes | | | | | | | | ❑ No | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate specific job(s) listings | | | | | | | | | ❑ Administrative | | | | | | | | | | | | | | ❑ Clerical | | | | | | | | | | ❑ Clerk | | | | | | | | | | | | ❑ Customer Service | | | | | | | | ❑ Call Center | | | | | |
| ❑ Hospitality | | | | | ❑ [Insurance] | | | | | | | | | | | | ❑ Warehouse | | | | | | | | | ❑ Health Care | | | | | | | | | | | | | | | | | | | ❑ Other | | | | |  | | | | | | | | |
| Subscriber’s name: | | | | | | | | | Subscriber’s S.S. no.: | | | | | | | | | | | | | | | | Birth date: | | | | | | | | | Group no.: | | | | | | | | | | | | Policy no.: | | | | | | | | | Co-payment: | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | / / | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | $ | | | |
| PAYMENT TYPE: | | | | | | | | | | | | | ❑ CASH | | | | | | | | | ❑ CHECK | | | | | | | ❑ MONEY ORDER | | | | | ❑ CHARGE CARD | | | | | | |  | | | | | | | | | | | | | | | | | |
| Name (if applicable): | | | | | | | | | | | | | | | | | | | VENDOR name: | | | | | | | | | | | | | | | | | | | | | | Group no.: | | | | | | | | | | | : | | | | | | |
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| CONTACT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Redemption Outreach Service / R.O.S.I**.  Demetrice Bruno 317-986-7714  **National Entertainment Promotions**  Ms. Bailey 317-796-4449 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Office phone no.: | | | | | | | | | | | Office phone no.: | | | | | | | |
| RADIODIRECTCONNECT.COM | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | ( 317 ) | | | | | | | | | | | ( ) | | | | | | | |
| I understand that I am financially responsible for any balance. I also authorize ARTS & music IN THE PARK community enrichment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Patient/Guardian signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Date | | | | | | | | | | | | | | | |  |