## 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.: |
|  |  | ( ) |
| P.O. box: | City: | State: | ZIP Code: |
|  |  |  |  |
| Occupation: | Employer: | SPECIALTY VENDER |
|  |  | ( ) |
| Referred to EVENT by (please check one box): | ❑ . |  | ❑  | ❑  |
| ❑ Family | ❑ Friend | ❑ Close to home/work | ❑ Yellow Pages | ❑ Other |  |
| Other family members seen here: |  |
|  |
| 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.: |
|  |  |  | ( ) |
| 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.: | : |
|  |  |  |  |
|  |  |  |  |  |  |
|  |
| 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  |
|  |  |  |  |  |
|  | Patient/Guardian signature |  | Date |  |