#### **2019 Vendor Prospectus**

Sickle Cell Disease Association of America, Inc.

## 6th Annual Walk With the Stars

#MoveForACure

#### SATURDAY June 22, 2019

PRESINT.

**Canton Waterfront Park** 3001 Boston Street Baltimore, MD 21224



### SCDAA IS PROUD TO ANNOUNCE ITS 6th ANNUAL NATIONAL WALK WITH THE STARS & MOVE-A-THON

Walk with the Stars is the Sickle Cell Disease Association of America's (SCDAA) largest event dedicated to finding better treatments and a cure for sickle cell disease (SCD), and to preventing the complications of this disorder through awareness, education, advocacy and research.

Through your support of the 6th Annual National Walk with the Stars (WWTS), you can make a significant contribution to the fight against sickle cell disease and play a central role in one of the largest and most respected SCD fundraising events in the world.

Your partnership will be highlighted within WWTS's extensive promotional campaign, which extends to vitrually every medium and conveys the extraordinary energy and sense of community of the event.



Walk with the Stars will provide sponsors with the opportunity for extraordinary involvement and visibility. Depending on your organization's sponsorship level, recognition on the day of the event could include:

- Opportunity for a representative to adress the crowd at the WWTS Opening Ceremony
- Logo on Event Stage Banner

- Logo on Official Walk T-shirts
- Logo on Start & Finish Line Banner
- Checkpoint Host Distinction
- Celebrity Meet and Greet Opportunities

#### **ABOUT SICKLE CELL DISEASE**

Sickle Cell Disease (SCD) is the most common genetic disorder in the United States. Present at birth, SCD consists of a group of inerited red blood cell disorders. The affects of SCD can be devastating with symptoms consisting of severe pain, hand and foot syndrome, anemia, acute chest syndrome, visions loss, stroke and in many instances, death. It is particularly common among those whose ancestors come from sub-Saharan Africa, Spanish-speaking regions in the Western Hemisphere, Saudi Arabia, India, and Mediterranean countries such as Turkey, Greece and Italy.

- Approximately 3 million people in the United States and 300 million worldwide are carriers
- SCD affects an estimated 90,000 100,000 Americans
- 1,800 2,000 infants are born with SCD each year in the United States, primarily African American and Hispanic
- Worldwide, over 300, 000 infants are born with SCD each year
- People with the most severe form of SCD may have a 2-3 decade shorter life expectancy
- 20 30% of children with SCD experience stroke, which commonly results in cognitive impairment
- Individuals living with SCD average 200,000 emegency department visits annually
- 65-70% of those with SCD are classified as low income or economically disadvantaged
- SCD patients experience 18,000 20,000 or more blood transfusions per year

### **ABOUT SCDAA**

Sickle Cell Disease Association of America, Inc. (SCDAA) serves as the nation's only organization working full time, on a national level, to resolve issues surrounding SCD and trait. Since 1971, the organization has been on the forefront of improving the quality of health, life and services for individuals, families and communities affected by sickle cell disease and related conditions. In addition, SCDAA has been and remains instrumental in promoting the search for a cure for all people in the world with sickle cell disease.

Our mission is "to advocate for and enhance our membership's ability to improve the quality of health, life and services for individuals, families and communities affected by sickle cell disease." SCDAA has 42 community-based member organizations located in over 30 states serving various communities throughout the United States. Collectively with our members, we serve over 500,000 children and adults with SCD and their family members, providing programs such as screening, counseling, educational training, wellness, support services and medical resource assistance.

## **VENDOR GUIDELINE & CONTRACT**

Acceptance of Exhibitors/Vendors: Acceptance of exhibitors/vendors is at the sole and absolute discretion of SCDAA. An application to exhibit is not accepted until the exhibitor is notified by the SCDAA in writing of the acceptance. All applications accepted by SCDAA are subject to conditions and requirements contained in these guidelines.

**Physical Arrangement:** Exhibits shall be arranged so as not to interfere with access nor clash with other exhibits. Exhibits are an 8ft. skirted table, two chairs and a display sign. Exhibitors/ Vendors are to maintain their exhibits in a clean, orderly and safe manner.

Exhibitor/Vendor Representative: The exhibitor/vendor will name one individual as its authorized representative for all decisions regarding the exhibit throughout the duration of the exhibition.

Non-Profit or Patron Status: The exhibitor/vendor must submit proof of 501(c)(3) status in order to receive the non-profit rate or provide proof of sole proprietorship/individual business to receive patron rate.

**Security:** The exhibitor/vendor assumes the entire responsibility and liability for losses, damages, injuries and all claims arising out of the exhibits activities and will indemnify, defend and hold harmless SCDAA, the park, its agents, servants, and employees from any and all such losses, damages and claims.

**Product Sales:** The exhibitor/vendor assumes responsibility for securing all appropriate licenses for the sale of merchandise and is solely responsible for the collection of all applicable state and local taxes.

Agreement: The undersigned agrees to all terms and consitions set forth in the exhibitor guidelines and elsewhere in the contrat and application is hereby made for the exhibit space for the SCDAA 5th National Sickle Cell Walk with the Stars in Baltimore, MD. The undersigned agrees to pay the space rental in full at the signing of the contract.

Printed Name:\_\_\_\_\_\_\_Title: \_\_\_\_\_\_

Authorized Signature: Date:

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# **VENDOR REGISTRATION FORM**

Organization/Company Name

| Address                                   |   |                                     |                                    |  |
|---|---|-------------------------------------|------------------------------------|--|
| Address                                   |   |                                     | State                              | Zip Code   |
| Contact Name                              |   |                                     |                                    |  |
| Phone Number                              |   |                                     |                                    |  |
| E-mail Address                            |   |                                     |                                    |  |
| SUPPORT LEVEL                             |   |                                     |                                    |  |
| Commercial: \$300                         |   |                                     | Nonprofit: \$75 or form a team     |  |
| PAYMENT OPTIO                             | NS  |                                     |                                    |  |
| display unitil space<br>and mailed to 370 | e rental is paid in full.<br>0 Koppers Street, Suite<br>0% refund will be issue                   | Checks (U.S. fun<br>570, Baltimore, | ids drawn on a U<br>MD 21227. If n | No vendor will be permitted to erect a<br>U.S. Bank) should be made out to SCDAA<br>otification of cancellation is made prior to<br>1, 2019 obligates vendor to pay the rull |
| Enclosed is my che                        | eck made payable to th  | e SCDAA for the                     | amount of \$                       |  |
| Please charge my                          | credit card to the am   | nount of \$                         |                                    |  |
| Visa                                      | Mastercard  | America                             | n Express                          | Discover   |
| Credit Card Numb                          | er  |                                     |                                    |  |
| Cardholder Name Expiration                |   |                                     |                                    | Date   |
|   | Signature   |                                     |                                    |  |
|   | PLEASE RETURN COMPLETED FORM TO THE SCDAA<br>Please fax this form to Natasha Thomas, 410-528-1555 |                                     |                                    |  |
|   | Mail checks to SC   |                                     | Koppers Street,<br>hore, MD, 2122  |  |