

KICKIN' CANCER!®

LYNNE COHEN FOUNDATION

SUNDAY, OCTOBER 20, 2024

On **Sunday, October 20th**, the 22nd Annual Kickin' Cancer! ® Run / Walk / Stroll returns to **Brentwood, Los Angeles**.

This family friendly footrace and women's health expo benefits **Lynne Cohen Foundation Preventive Care Clinics**, located at USC Norris, LA County Hospital, NYU Langone, and Bellevue Medical Center. Every dollar raised helps put an end to ovarian and breast cancers through expanded access to preventive care — sponsoring mammograms, genetic testing, and other early detection technologies for at-risk women in need.

QUICK FACTS:

- Attendees: 66% Female, 34% Male
- Location: Brentwood, Los Angeles, CA
- **Setup Hours:** 6:30 am - 7:30 am | **Expo Hours:** 7:30 am - 11:30 am

Marketing Opportunities

EXPO BOOTH REGISTRATION WITH TENT: \$300

Included with your application fee:

- (1) 10x10 expo space in premier location and canopy
- (1) 8' table and tablecloth
- (2) chairs
- (1) parking pass

Electricity and ice available upon request

EXPO BOOTH REGISTRATION SELF: \$150

No rentals included. Exhibitor brings own canopy, table, tablecloth and chairs.

FINISH LINE SWAG STATION: \$100

Can't get your full activation going but would still like to have your product at the event? This option is for you. Your product will be prominently featured, along with others, in the finish line swag area

To submit this form, ask event questions, or receive further sponsorship information please contact:

Christina Questad at christina@lcfc.org



BRENTWOOD, LOS ANGELES
KICKINCANCER.COM



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KICKIN' CANCER 2023 EXHIBITOR APPLICATION

BOOTH DISPLAY

- I am bringing a Branded Vehicle. Space needed: _____
- I am bringing an inflatable display. Space needed: _____
- I do not need a canopy. I am bringing my own Branded Canopy
- I am bringing my own branded Table Cloth
- I need additional space for: _____

POWER NEEDS

- I don't need electricity.
- I need electricity. Please reserve generator. Volts: _____ Amps: _____ # Outlets: _____

POWER FOR

- Laptop
- Television
- DVD Player
- Other: _____

BUSINESS NAME: _____

Contact Person: _____

Mobile Phone: () - Business Phone: () -

Email: _____

PAYMENT:

I am an Event Sponsor.

- Check (Make payable to the Lynne Cohen Foundation)
Checks must be received by October 22, 2023

- Charge my: Visa Mastercard Discover American Express

Card Number: _____ Exp. Date: _____ CCV: _____

Name on Card: _____ Total Amount: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Waiver (must be signed): I hereby release the Lynne Cohen Foundation, the Greater Los Angeles VA Healthcare System and all Municipal Agencies whose property and/or personnel are used, and other sponsoring or co-sponsoring agency(ies) or individual(s) from responsibility for any injuries or damages I may suffer as a result of my participation in this event. I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, et al, and also acknowledge that the Vendor Application Fee is non-refundable. As a participating Vendor, I certify that all the information I provided on this form is true and complete. I have read the information provided for the event and certify my compliance by signature below.

Signature of Company Representative: _____ Date: _____

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