ALEXANDRA HOSPITAL FOUNDATION
Vendor Table Application

Thank you for your interest in hosting a vendor table at Alexandra Hospital. To ensure all vendors align with our mission, patient environment, and community standards, all applications are subject to review and approval. Alexandra Hospital/Foundation reserves the right to revoke approval and cancel a vendor table participation at any time, with or without notice, if it is determined that the vendor, products, services, or activities are not consistent with hospital policies, patient care priorities, safety requirements, or the organization's values.

Alexandra Hospital Vendor Table Application

Business/Organization: _____

Contact Name: _____

Phone: _____ **Email:** _____

Website/Social Media: _____

Vendor Table Details

Products, Services, or Information to be Offered:

_____

_____

Preferred Date(s): _____

Preferred Time(s): _____

Requirements:

☐ Table ☐ Chair(s) ☐ Electrical Access ☐ Wi-Fi

Other: _____

Community Benefit

Why would you like to host a vendor table at Alexandra Hospital?

_____

_____

How will your products, services, or information benefit hospital staff, patients, visitors, or the community?

Additional Information

☐ I have attached product photos, brochures, or promotional materials.

☐ Business card

☐ Product photos

☐ Brochure or promotional materials

☐ Website information

☐ Proof of liability insurance (if applicable)

Declaration

I certify that the information provided is accurate and understand that submission of this application does not guarantee approval.

Applicant Name: _____

Signature: _____

Date: _____

Internal Use Only

Date Received: _____

☐ Approved ☐ Declined ☐ More Information Required

Comments: _____

Contact tanya.pirie@rrhs.ca or call Tanya @ 519-485-1700 ext. 8213 for more information