



New Vision for Independence is pleased to announce the first annual Low Vision Expo, as part of the annual 5k run/walk fundraiser, on October 30, 2010.

Become a Vendor!

We are looking for vendors offering services and devices pertaining to low vision. Located in the Magnolia Room at Lake-Sumter Community College, 9501 US Hwy 441, Leesburg, this will be a great opportunity to educate residents of Lake and Sumter counties and The Villages about visual impairments and the resources available to those with low vision in our community. Set-up is at 8:00 a.m., with the expo starting at 8:30 and ending at 11.

About New Vision for Independence

New Vision for Independence is a 501(c)(3) non-profit organization that provides free rehabilitation instruction to blind and visually impaired adults in Lake and Sumter counties, as well as The Villages, enabling them to return to a life of independence. Rehabilitation services include instruction in Braille, independent living skills, orientation and mobility, access technology, and family workshops. There are over 12,900 blind or visually impaired adults in Lake and Sumter, and New Vision is the only organization servicing this population.

Vendor Opportunities (call for non-profit rates!)

Presenting Vendor - \$250 (4 available)

- Vendor will get a 6' table and 2 chairs.
- Vendor will have 20 minutes to present products/services to all attendees.
- Vendor's name will be included in all press releases for the expo.
- Vendor will receive one 5K event t-shirt.

Low Vision Vendor - \$200 (18 available)

- Vendor will get a 6' table and chairs.
- Vendor will receive one 5K event t-shirt.

Call for non-profit rates!

New Vision for Independence, Inc.
Lake-Sumter Community College, 9501 US Hwy 441, Leesburg, FL 34788-8751
Phone: 352-435-5040 • Fax: 352-435-6303 • E-mail: info@newvisionfl.org • Website: www.newvisionfl.org

“Vision Impairment Services In Our Neighborhood”



October 30, 2010 | Leesburg, FL

Vendor Commitment Form

Please print Vendor name exactly as you wish to be listed on promotional materials. *Note: To ensure your listing in time-sensitive items, this form, and payment must be received no later than 9/15.*

Vendor: _____

Address: _____

City, State, Zip: _____

Contact/Title: _____ Email: _____

Phone: _____ Fax: _____

Type of Vendor:

- | | | | |
|---|---------|--|---------|
| <input type="checkbox"/> Presenting Vendor | \$250 | <input type="checkbox"/> Low Vision Vendor | \$200 |
| <input type="checkbox"/> Non-Profit Exhibitor | \$_____ | <input type="checkbox"/> Donation | \$_____ |

Total Amount: \$_____ Payment enclosed Send invoice

Make checks payable to: New Vision for Independence

Credit Card Type: Visa Mastercard

Card Number: _____ Expiration Date: _____

Signature: _____

Vendor Signature: _____

Please mail completed form to New Vision with your payment. Each table is required to offer a door prize equivalent to \$25; each table is responsible for raffling its prize.

Thank you for your generosity!

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