



Please join us for the 21st Annual Buddy Walk® Information Expo!

On Saturday, October 13, 2018, Down Syndrome Indiana will be celebrating our 21st annual Buddy Walk® in Celebration Plaza of White River State Park. The Buddy Walk® was established by the National Down Syndrome Society (NDSS) in 1995 to celebrate acceptance and inclusion of individuals with Down syndrome in their communities. Nationally, Buddy Walk® is the most widely recognized public awareness program for the Down syndrome community. Locally, it is currently the largest fundraising and awareness event for Down Syndrome Indiana.

The Buddy Walk® will be a unique opportunity for vendors and other not-for-profit organizations to explain the services they provide to our community. The Information Expo will be open from 9:00am to 12:00pm for families and their guests to explore. This year, we are expecting more than 2,000 participants, most of whom will at least walk through the tent once! We ask that vendors, who are not already sponsors, make a \$100 donation to the Buddy Walk® general fund in exchange for space in the Information Expo. Not-for-profit organizations with missions directly aligned with that of Down Syndrome Indiana are welcome to exhibit, at a reduced rate of \$50. Tables and chairs will be provided for all exhibitors.

Attached you will find a Contact Information form. If you would like to be a part of the 21st Annual Buddy Walk® Information Expo, presented by Down Syndrome Indiana, please return the completed form, with payment, to the Down Syndrome Indiana office so that we can reserve your space and prepare for your needs.

Down Syndrome Indiana
c/o Buddy Walk® Info Tent
708 E. Michigan Street
Indianapolis, IN 46202

If you have any further questions, please feel free to contact the Buddy Walk® Coordinator at 317-925-7617 or by email at shannon@dsindiana.org.

Warmest regards,

Shannon DeNoon
Event Coordinator, Down Syndrome Indiana



Information Expo Exhibitor Contact Information

ORGANIZATION

Organization name: _____

Contact name and title: _____

Phone: _____ Email: _____

Address: _____

City, state, zip code: _____

PERSON TO EXHIBIT

Name and title: _____

Email: _____

**One Table (Banquet Table 8' Rectangle) and two chairs will be provided for each Exhibitor*

PAYMENT INFORMATION

_____ My organization is **not-for-profit**, with a mission to serve the disability community.
There is \$50 fee to exhibit at the Annual Buddy Walk® Information Expo.

_____ My organizations operates **for profit**.
*There is a \$100 fee to exhibit at the Annual Buddy Walk® Information Expo.
Please include payment with your completed Contact Information Sheet. Thank you.*

_____ Check (Please make check payable to Down Syndrome Indiana)

_____ Charge Card (please circle): Visa / MasterCard / American Express / Other _____

Cardholder: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Authorized Signature: _____

***Please return Contact Information sheet and Payment to: Down Syndrome Indiana c/o Buddy Walk®
Mail: 708 E. Michigan Street Indianapolis, IN 46202 / Email: buddywalk@dsindiana.org / Fax: 317-925-7619***