



2018/2019 VENDOR APPLICATION

Hotel Dieu Shaver Health & Rehabilitation Centre raises and manages funds to support exemplary patient care through the purchase of patient-care equipment and improvements to the overall patient care experience at Hotel Dieu Shaver. Hotel Dieu Shaver Health and Rehabilitation Centre values *spirituality, professionalism, innovation, responsible stewardship, integrity & teamwork*. Vendors are asked to review these values and conduct their business accordingly.

Hotel Dieu Shaver Values

Spirituality | We contribute to the spiritual and emotional well-being of each person by respecting their human dignity in a healing environment.

Professionalism | We use our special knowledge and expertise to provide compassionate service at the highest possible standard.

Innovation | We empower our staff to embrace new ideas and processes that create improvements in what we do.

Responsible Stewardship | We respond to community needs by balancing human needs with financial resources.

Integrity | We are consistent, honest, and respectful in all we do.

Teamwork | We commit to work with clients, families and each other to achieve our mission.

THIS APPLICATION HAS FOUR PARTS:

1. **Vendor Information Sheet:** Complete the information sheet, sign and date.
2. **Terms & Conditions:** To participate in the Vendor Program, all vendors must abide by the Terms & Conditions. Please review them carefully.
3. **Release Form:** Complete the release form, sign and date.
4. **Booking Request Form:** Vendor's referred for hospital bookings with 1st, 2nd and 3rd choices for each month requested.

Mailing Address:

Vendor Program
Hotel Dieu Shaver Foundation
541 Glenridge Ave.
St. Catharines, ON L2T 4C2

Email Address:

katie.stranges@hoteldieushaver.org

Please note: Vendor good and services must not conflict with the Hospital's Mission, Vision or Values. HDS reserves the right to refuse any Vendor.

1. VENDOR INFORMATION SHEET

PLEASE PRINT CLEARLY

Company Name _____

Contact Person _____

Address _____

City _____ Postal Code _____

Business Phone _____ Cell Phone _____

E-mail Address _____ (preferred form of communication)

Description of Product(s)

REFERENCES: Name of Person and Organization & Contact Information

Notes:

Approval _____ Date _____

CEO – Hotel Dieu Shaver Health and Rehabilitation Centre

2. TERMS & CONDITIONS

Terms & Conditions are set out by Hotel Dieu Shaver for the operation of the vendor space at Hotel Dieu Shaver Health & Rehabilitation Centre. The vendor must agree to abide by these Terms & Conditions at all times or the agreement may be terminated. Failure to comply may result in Hospital Security escorting a vendor from the premises immediately.

APPLICATION AND FEES

- Requests are granted on a first come first serve basis
- A daily flat fee of \$100.00 per day
- Post-dated cheques must be provided upon approval of the booking. No bookings will be held for vendors if all cheques are not received within two weeks of booking.
- Please make cheques payable to *Hotel Dieu Shaver Health & Rehabilitation Centre*.

CANCELLATIONS

- Cancellations must be given a minimum of **3 business days'** notice prior to the sale date.
- Failure to do so will result in a charge of your full fee, NO exceptions.

UNLOADING & PARKING

- Vendors may park in the "15 minute zone" at the main hospital entrance to unload. If you need additional time, see Foundation just outside the hospital lobby or you may be ticketed.
- Do not BLOCK the door entrance.
- After unloading, move your vehicle to the public parking lot.
- ***You are responsible for your own parking fees and any parking fines incurred.***

SET-UP and TAKE DOWN

- Table location is on the Ground Floor in the Inpatient Front Lobby. This is the main entrance of the hospital.
- 1x 6ft foot display table is set up and arranged by hospital staff to comply with the Hospital and City of St. Catharines Fire and Safety Regulations.
- Set-up may begin at 8:00 a.m. and take down must be completed by 5:00 p.m.
- Tables must be covered, clean and neat.
- At end of day, you must take all garbage, boxes, etc. with you. Do not leave anything behind.
- We reserve the right to cancel, relocate or reschedule a Vendor without notice if the area is required for Hospital purposes, however, as much notice as possible will be given.

ADVERTISING

- Posters may be displayed by the hospital around the ground floor with dates and vendor names. Posters to be provided by the vendor.
- Vendor dates will be posted on the internal website (e-span) for employees.
- Active solicitation of passers-by or in any other area of the hospital other than the vendor space is not permitted.
- No distribution of pamphlets or product is allowed outside of the vendor space.

OTHER

- Vendors will conduct themselves and their business in a legal and professional manner at all times and in accordance with all Hospital policies and procedures.
- Verbal or physical abuse of any person on hospital property will not be tolerated.
- Vendors must follow the hospital's emergency procedures.
- Vendors must follow the hospital's Fragrance Policy – no open scents, no sampling of perfumes etc.
- The Vendor Convenor reserves the right to inspect all displays and determine whether they are appropriate for the hospital setting. We may withhold permission for a sale or discontinue a Vendor's sale while in progress, but will not do so unreasonably.
- Vendors will be asked to provide proof of being a licensed representative for a company that holds the trademark or copyright of vendor product. Sale of replicas or "knock-offs" of licensed and copy written merchandise is illegal and is not permitted on Hospital property.
- As stated and agreed to by the Vendor in the "Release Form", any liabilities, fines etc. levied will be the responsibility of the Vendor.
- Vendors may not sell the following: beverages of any kind (i.e. coffee, tea, pop etc.), individual portions of food (i.e. a piece of pie or cake, muffins etc.)
- Vendors are required to have current general liability insurance in the amount of five million or more. Proof of insurance must be provided upon confirmation of booking.

VENDOR PROGRAM CONTACT INFORMATION

Katie Stranges

katie.stranges@hoteldieushaver.org

905-685-1381 ext. 84825

Comfort. Care. Hope.

3. VENDOR RELEASE FORM

Hotel Dieu Shaver Health & Rehabilitation Centre

541 Glenridge Ave.
St. Catharines, Ontario
L2T 4C2

RELEASE FORM

I/We, the undersigned Vendor, in consideration of Hotel Dieu Shaver Health and Rehabilitation Centre, Hotel Dieu Shaver Foundation & Hotel Dieu Shaver Auxiliary permitting me/us to occupy and use the lands and premises ("Space") for and during an "Outside Vendor Program", hereby agree to RELEASE, INDEMNIFY and SAVE HARMLESS Hotel Dieu Shaver Health and Rehabilitation Centre, Hotel Dieu Shaver Foundation and Hotel Dieu Shaver Auxiliary from all manner of liabilities, debts, fines, suits, claims, thefts, damages to property and person, demands and actions and causes of action, of any nature or kind for which the Vendor, the hospital or the Foundation may be liable relating in any breach of violation, negligence, unlawful act or acts of the Vendor, the Hotel Dieu Shaver Health and Rehabilitation Centre, Hotel Dieu Shaver Foundation, Hotel Dieu Shaver Auxiliary or their respective agents, servants, invitees and against all costs, counsel fees, expenses and liabilities incurred by the Hotel Dieu Shaver Health and Rehabilitation Centre, Hotel Dieu Shaver Foundation, or the Hotel Dieu Shaver Auxiliary in any such suits, claim, theft, damage to property or person, demand, action or proceeding.

Vendor Company Name (Print in Full)

Signature and Title of Vendor

Date

Vendor Name (Print in Full)

Approval and Signature of Vendor Convenor(s)

Date

4. BOOKING REQUEST FORM

PLEASE PRINT CLEARLY

COMPANY NAME	
CONTACT NAME	
EMAIL	
PRODUCT DESCRIPTION: A brief business tag line for vendor advertising poster	

MONTH	1st choice	2nd choice	3rd choice
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

____ I give Hotel Dieu Shaver permission to keep my credit card on file and automatically bill each rental day I have approved (Please initial if permission is granted)