



Women of Color

EMPOWERMENT INSTITUTE INC.

VENDOR APPLICATION

Submit via fax to: 954.768.9790 or e-mail to: wocempowerment@gmail.com

Business Name: _____

Contact Name: _____

Mobile: _____ Tel: _____ Fax: _____

Email: _____ Website: _____

Address: _____

City: _____ State: _____ Country: _____

Vendor Type:

Art \$1,000 Professional Services \$500 Other, if approved \$250

Please list merchandise items that you will have available:

Will you require more than one table? _____

Will you require electricity? : Yes No. Electricity may require an additional cost at the discretion of the hotel. Please list any special electrical requirements, if any:

Vendors must supply their own, banner, chairs, and extension cords min #12 gauge 25ft.

Fax: 954.768.9790 E-mail: wocempowerment@gmail.com

Website: www.southfloridawomenofcolor.com

PRINT NAME _____ SIGN NAME

I agree to the terms and conditions of being a vendor for the 2016 WOCEC as set forth by organizers.

Checks should be made payable to: WOCEI
2219 NW 6th Street, Fort Lauderdale, FL 33311 PH: (954) 768-9770