



VENDOR APPLICATION

BUSINESS NAME:

CONTACT NAME:

MOBILE: TEL: FAX:

EMAIL: WEBSITE:

ADDRESS:

CITY STATE COUNTRY

VENDOR TYPE

ART \$1,000 | PROFESSIONAL SERVICES, IF APPROVED \$500 | RETAIL PRODUCTS \$350 | BOOK VENDOR \$300.00

PLEASE LIST MERCHANDISE ITEMS THAT YOU WILL HAVE AVAILABLE:

WILL YOU REQUIRE MORE THAN ONE TABLE*? (YES) (NO)

WILL YOU REQUIRE ELECTRICITY*? (YES) (NO)

VENDORS MUST SUPPLY THEIR OWN BANNER, CHAIRS AND EXTENSION CORDS MIN #12 GAUGE 25 FEET.
FOR QUESTIONS CALL (954) 900-3494 FAX: (954) 768-9790 EMAIL: WOCEMPOWERMENT@GMAIL.COM WEBSITE: WWW.NATIONALWOMENOFCOLOR.COM

PRINT NAME _____ SIGNATURE
I agree to the terms and conditions of being a vendor for the 2019 Women of Color Empowerment Conference as set forth by organizers.

*Checks should be made payable to: Women of Color Empowerment Institute, Inc. All payments are non refundable
* There is an additional cost of \$100.00 for an additional table
*Electricity may require an additional cost at the discretion of the hotel, please list any special electrical requirements

MAILING ADDRESS: 401 NW 7TH AVENUE | FORT LAUDERDALE FLORIDA 33311