

# 2017 CONFERENCE VENDOR INFORMATION

## Vendor Sales Policy

**All vendor and their helpers are to register and pay FULL Conference Registration fees. Please complete the vendor form.** The Tekakwitha National Board of Directors allows individuals and groups who are full conference paid participants to sell during the Annual Conference to give you and/or your group an opportunity to finance your trip to the Annual Tekakwitha Conference.

- † **You must be a FULL CONFERENCE PAID PARTICIPANT**
  - ‡ You must pay your FULL Conference Registration before we can accept a vendor form request.
  - ‡ A vendor permit will be issued only to those who are registered for the full 78th Annual Tekakwitha Conference and have paid a table fee of \$100.00 per table.
  - † Vendors will be allowed to conduct sales these days: Wednesday July 19, Thursday July 20, Friday July 21 and Saturday July 22. Only in the area designated for vendors.
  - † Sales are permitted only in the designated area located at the Best Western Ramkota.
  - † NO SALES ALLOWED DURING LITURGIES (MASS and PRAYER times). Please be respectful.
  - † Security of your sales table will be your responsibility and not the responsibility of the Tekakwitha Conference nor the responsibility of the Best Western Ramkota. The Tekakwitha Conference and the Best Western Ramkota are not liable for any loss, damage, or theft.
  - † ONLY tables provided by the Best Western Ramkota are allowed for vendors.
  - † A PAID VENDOR PERMIT with your name is required for each table used.
  - † Sale items are limited to SAINT KATERI TEKAKWITHA RELIGIOUS ARTICLES AND NATIVE ARTS & CRAFTS.
  - † PLEASE go to the vendor registration table to pick up your vendor permit on registration day upon your arrival.
- Your full cooperation is most appreciated. Thank you.**



### REQUEST FORM FOR VENDOR TABLE(S) SALES

**You must be a FULL CONFERENCE PAID PARTICIPANT to be a vendor/helper.  
ALL FORMS DUE BY JUNE 17, 2017.**

Cost per table: \$100.00 U.S. Funds plus Full Conference Participant Fees.

Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Number of Tables Requested \_\_\_\_\_ x \$100 per table = \$ \_\_\_\_\_

Description of Items \_\_\_\_\_

Please complete form and return to TCNC with Check or Money Order payable in U.S. Funds.  
Enclosed with your conference registration, please.

Mail to: Tekakwitha Conference 2225 North Bolton Ave Alexandria, LA 71303-4408