

Sacred Space 2013 Vendor/Healer Application

March 7-10, 2013

Please Print and fill out this form and mail it to the address listed below.

Company/Vendor Contact	Vendor/Personal
Name of Business:	Legal Name:
Business Address:	Home Address:
City, State, Postal Code:	City, State, Postal Code:
Business Phone:	Home Phone/Mobile:
Best Time to Call:	Best Time to Call:
Email (business):	Email (personal):
Website:	Name to Use on Badge:
Maryland Tax ID #:	Affiliation:
Special Needs: Not guaranteed but we will do our best – Please rank	
<input type="checkbox"/> Wall <input type="checkbox"/> Electricity <input type="checkbox"/> Phone <input type="checkbox"/> Other (please specify) _____	
Number of Tables <input type="checkbox"/> 1 <input type="checkbox"/> 2 If full please put me on the wait list <input type="checkbox"/> yes <input type="checkbox"/> no	
Merchandise Categories (please check all that apply)	
<input type="checkbox"/> Art/Art prints <input type="checkbox"/> Books <input type="checkbox"/> Gems/Minerals <input type="checkbox"/> Healer <input type="checkbox"/> Jewelry <input type="checkbox"/> Clothing <input type="checkbox"/> Ritual items <input type="checkbox"/> Media <input type="checkbox"/> Other (please specify) _____	

Please fill out the following information for any business personnel who will be working at your table. You will receive one registration per table as part of the table fee, and may purchase **one** additional registration per table for an assistant at the rate of **\$100.00**.

NOTE: This information will be used for assistant conference registration, and must be completed. Without this information, we will not be able to process registration for your assistant(s).

Personal Information: Assistant 1 (Optional)	Personal Information: Assistant 2 (Optional)
Legal Name:	Legal Name:
Address:	Address:
City, State, Postal Code:	City, State, Postal Code:
Phone:	Phone:
Email (personal):	Email (personal):
Name to Use on Badge:	Name to Use on Badge:
Affiliation:	Affiliation:

Send me ___ flyers; I'll help advertise (the more people attend, the better we all do).

Enclosed is:

___ \$150 Table 1 (includes one conference registration)

___ \$150 Table 2 (includes one conference registration)

___ \$100 Additional conference registration for one assistant per table

Total Amount Enclosed: ___

Signature: _____ Date: _____

My signature affirms that I have read and understood the information in the vendor application letter.