

2019 VENDOR INFORMATION



Vendor Sales Policy

All vendors and their helpers are to register and pay Full Conference Registration Fees.

Registration form is on pages 12 & 13. 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.

*****EACH VENDOR AND HELPER MUST PAY FULL REGISTRATION & CONFERENCE FEES*****

- ✦ 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 80th 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 17, Thursday July 18, Friday July 19 & Saturday July 20 only in the designated vendor area.
- ✦ Sales are permitted only in the designated area located at the Sharonville Convention Center.
- ✦ 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 Sharonville Convention Center. The Tekakwitha Conference and the Sharonville Convention Center are not liable for any loss, damage, or theft.
- ✦ ONLY tables and chairs provided by the Sharonville Convention Center 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

EACH VENDOR AND HELPER MUST PAY FULL REGISTRATION & CONFERENCE FEES.

ALL FORMS & FULL PAYMENT DUE BY JUNE 15, 2019

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.

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

Visit our website: www.tekconf.org

Or call the Office and we can e-mail it: (318) 483-3908