

Second Annual Conference on Native American Nutrition

September 18-20, 2017

Native Arts & Crafts Exhibitor Form – One 8' table, two chairs, conference cloth - \$200 FEE

Please type or print clearly

Exhibitor contract may be duplicated

Contact Person: _____

Telephone: _____

Email: _____

Fax: _____

City: _____ State: _____ Zip: _____

Name tags:

Tribal Affiliation:

(1) _____

(2) _____

Describe products to be sold: _____

Did you make the items yourself? YES: _____ No: _____ If no, who made them: _____

This application for exhibit space was made and entered into this _____ day of _____, 2017, by and between conference organizers and host location and constitutes a contract to use the space assigned. Conference organizers retain the right to assign and/or change exhibit locations for the best interests of the conference. The Exhibitor indemnifies and agrees to hold harmless Seeds of Native Health and Mystic Lake Casino Hotel, their officers, directors, employees, and agents, for and against any actions, losses, costs, damages, claims, and expenses (including attorney's fees) arising from any damage to property or bodily injury to Exhibitor, his agents, representatives, and/or employees by reason of the Exhibitor's occupancy or use of the exhibition facilities. In accordance with these rules and regulations governing exhibits for the First Annual Conference for Native American Nutrition at Mystic Lake Casino Hotel, the undersigned make application for exhibit space and enclosed the full fee for each space requested.

Signature: _____ Date: _____

When signed, EXHIBITOR contract and payment is received, the plenary committee will review and determine approval of the exhibit. You will receive notification by email and additional information. This packet will include information on shipping, ordering of electricity, etc. If arts and crafts items are left in the trade show booth area after closing of the tradeshow each day, you do so at your own risk, and organizers will not be responsible for any thefts, lost items, or damage.

CONFERENCE SCHEDULE

MOVE-IN: Sunday, Sept. 17 - 6:00 PM-9:00 PM
Monday, Sept. 18 - 6:30 AM-7:30 AM
HOURS: Monday, Sept. 18 - 7:30 AM- 8:30 PM
Tuesday, Sept. 19 - 7:30 AM-5:00 PM
Wednesday, Sept. 20 - 7:30 AM-3:30 PM
MOVE-OUT: Tuesday, Sept. 27 - 3:30 PM-5:00 PM

Visit seedsofnativehealth.org/conference to view the conference agenda.

SUBMISSION INSTRUCTIONS

Email this form to conference@seedsofnativehealth.org to apply for a booth. Applicants will be accepted on a rolling basis as space allows. If you are accepted, mail a check or money order for the \$200 fee.

Cost: \$200 (fee includes table, chairs, and boxed lunches for two people on Monday, Tuesday and Wednesday, September 18-20)

Check or money order payable to: **University of MN (with memo notation: HFHL Nutrition Conference)**

Mail form and payment to: **Sara Thatcher, Seeds of Native Health, 255 E Kellogg Blvd, Suite 102, St. Paul, MN 55101**