

Third Annual Conference on Native American Nutrition

October 2-5, 2018

Native Arts & Crafts and Food Expo 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 _____, 2018, 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 Third 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: Tuesday, Oct. 2 – 6:00 PM-9:00 PM
Wednesday, Oct. 3 – 6:30 AM-7:30 AM
HOURS: Wednesday, Oct. 3 - 8:00 AM- 8:30 PM
Thursday, Oct. 4 - 8:00 AM-7:00 PM
Friday, Oct. 5 - 8:00 AM-noon
MOVE-OUT: Friday, Oct. 5 – Noon-2:00PM

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

SUBMISSION INSTRUCTIONS

Email this form to conference@seedsofnativehealth.org by 5 p.m. (central) on September 1, 2018, to apply for a booth. Applicants will be accepted on a rolling basis as space allows. If you are accepted, a signed contract and check or money order for the \$200 fee is due one week after you have received approval. When approved, you will also receive additional information on shipping, electricity needs, etc. by email.

Cost: \$200 (fee includes table, chairs, and boxed lunches for two people on Wednesday, Thursday and Friday, October 3-5.

Check or money order payable to: University of Minnesota Healthy Foods, Healthy Lives Institute

Mail form and payment to: Seeds of Native Health, PO Box 3886, Saint Paul, MN 55101