



(LFTIO)

A Women's Empowerment Symposium

OCTOBER 13, 2007

**SYMPOSIUM
MARKETPLACE**

Time: opens 8:00 a.m.- 4:00 p.m.



Venue: Radisson Plaza Hotel

Address: 35 South 7th, Minneapolis, MN 55402

Telephone number: 612 339 4900

**EXHIBITOR /VENDOR
APPLICATION FORM**

Questions:

Exhibitor Contact: Jacquelyn Wingfield 612 559 1705

The Imani James Group: 1 888.509.9614 x 82 or

Emmett Till Legacy Foundation 763.476.8677


LOVING FROM THE INSIDE OUT (LFTIO) Exhibitor/Vendor Information			
Exhibitor/Vendor Organization/ Business Name			
Contact Person			
Mailing Address	Street Address		
	City	State	Zip
Contact Information	Daytime Phone		Email Address
	Evening Phone		Fax Number
Will you have a support person at your table?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Name of Support Person			

What is your Product or Service?

LFTIO Symposium Exhibitor/Vendor Fee Calculation				
1. Exhibitor/Vendor Fee				
Exhibitor/Vendor Type	Single Table Complimentary	Support person Complimentary	1Table and 2 Chairs 2 lunches included (vendor & support)	Total Exhibitor/Vendor Fees
Marketplace Corporate	\$350.00	\$00.00	+ 1	
Small Business	\$175.00	\$00.00	+ 1	
			Sub Total	
2. Equipment Fees (No power offered for symposium on October 13, 2007)				
List items that will be plugged into power outlet on next page.		I will bring my own power.	I need power	Not applicable for October 13, 2007
Power			1 – 20 amp = \$70.00 2 – 20 amps= \$100.00	
		Postmark Date	Application Fee Due	
3. Non-Refundable Application Fee Due		Before September 30, 2007	No Fee	= \$0.00
		After Sept 30, 2007	N/A	=\$
		After Oct 7, 2007	Not Accepted	
			Total Fee Enclosed (Add Boxes 1,2,3)	
		I will pay via check or money order now	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I will pay via credit card now

Yes No

 credit card payments to: Emmett_till_legacy@yahoo.com only accepted: indicate date submitted	Name as it appears on the card: (please print) _____
	Billing address: _____
	Credit Card Type: _____
	Credit card number: _____
	Expiration date: ____/____/____
	3 or4 digit Authorization number: _____
	=====
	Pay Pal payment Date submitted: ____/____/____
	Pay Pal account email address _____

Credit card authorization signature _____

Signature required to process and provides authorization to pay via credit card

Electricity:

If you ordered electricity please list the ELECTRICAL equipment to be used. How many of each?

Tax Information

MN Tax ID #	Vender Permit #
MN Sales Tax #	Federal Tax ID #
Tax Exempt #	IRS Operator ID #

Special Needs

Please tell us about any special needs you have.

Instructions to ALL Vendors : We wish you great success!

Arrival, Parking, Check In and Table Assignment

- Each exhibitor/vendor **MUST** check in at the registration table, located in the lobby 2nd floor, upon arrival.
- At the registration table you will receive assistance with table location.
- Exhibitor/Vendors are allowed to bring items and setup between 6:30 a.m. and 7:30 a.m.. on Sat, October 13th
- After unloading materials at your table space all exhibitor/vendors **MUST** park vehicles in the hotel parking lot.
- Table must be open and ready for business by 8:00 a.m. and remain open until 4:00 p.m.

Power (No power for the Oct 13, 2007 Market Place)

- No power will be provided to exhibitor/vendors who did not request and purchase it with initial application. LFTIO does not provide extension cords or other supplies to vendors.

General Expectations and Prohibited Items

- All exhibitors/vendors will remain open and ready for business from 8:00 a.m. and 4:00 p.m.
- Music is not allowed in booths.
- No refunds will be issued
- No tobacco, drug, or alcohol products are allowed.

Check Out, Clean Up, and Exiting

- Each exhibitor/vendor **MUST** check out by 5 p.m.
- Each exhibitor/vendor is responsible for cleaning up booth area.

PLEASE SIGN AND RETURN ONE COPY WITH APPLICATION.

I CERTIFY THAT I, _____, HAVE READ THE LOVING FROM THE INSIDE OUT (LFTIO) EXHIBITOR/VENDOR INFORMATION SHEET AND WILL ABIDE BY ALL REQUIREMENTS Date: _____

Send completed form and Remit all check and money order payments to:

Emmett Till Legacy Foundation

c/o LOVING FROM THE INSIDE OUT (LFTIO) Exhibitors/Vendors

1161 Wayzata Blvd. Suite 43 Minneapolis, MN 55391

Or email completed form to: Emmett_till_legacy@yahoo.com

Send all credit card payments via www.PayPal.com to emmett_till_legacy@yahoo.com