



## GENERAL INFORMATION FOR VENDORS

### Vendor Information

**VENDORS** set up within a 10x10 space. Vendors must provide their own tables and chairs. Vendors who do not have their own table may rent a 6ft table from indigoLife Communications, Inc. for an additional \$15.00 for the duration of the event.

### Vendor Sales

**ALL PROCEEDS** from vendor sales belong to the vendor. No commissions will be assessed. Vendors are responsible for collecting sales tax and for reporting earnings to the IRS.

### Vendor Set Up

**All Vendors** have three different days during the weekend, which they can showcase their products or sell their wares. Session dates, times, locations, and mandatory set-up/break down times are as follows:

## VENDOR STATIONS

Date: Friday, May 18<sup>th</sup>, 2017  
Venue: Tokrase Farms (1517 – 11<sup>th</sup> Street North; Cordele, GA 31015)  
Set-up time: Allowed start time at 4PM; must be completely set up/operational by 5:00PM.  
Breakdown: Vendors must be completely packed up by 10:00PM.

Date: Saturday, May 19<sup>th</sup>, 2017  
Venue: M.D. Whitest Medical Institute – A S Clark Gymnasium  
(401 N. 15<sup>th</sup> Street; Cordele, GA 31015)  
Set-up time: Allowed start time at 3PM; must be completely set up/operational by 4:00PM.  
Breakdown: Vendors must be completely packed up by 10PM.

All booths must be fully set up and operational by the designated times shown above. Vendors must remain open until the close of the event. No exhibitor/vendor will be allowed to set up after designated times on the days of the event. Not more than two persons are allowed to represent a Company at an Exhibitor/Vendor booth. Additional persons above the number allowed (2) will be expected to pay the event admission fee.





**Vendor General Info CONT'D**

**ELECTRICITY**

**POWER** is not available for vendors.

**VENDOR PACKAGES**

The following are available Vendor Packages:

Sales Vendor Booth includes .....	Fee: \$100.00
Set-up for Friday & Saturday evening socials only	
20% discount toward Premium Access event pass	
<b>NOTE:</b> Number of estimated consumers: approx. 250	
Table and two chairs (optional).....	Fee: \$ 15.00
Vendor Concierge (Personal assistance with set up & breakdown) ...	Fee: \$25.00

**PAYMENTS:**

Exhibitor/Vendor fees can be paid via the following methods:

**On-line:** Vendors may pay online at: [www.indigolifeonline.com/purchase](http://www.indigolifeonline.com/purchase). Vendors who choose the on-line method should fax application to 888.240.9914.

**Mail-in:** Vendors who choose mail-in option should send payment and application to indigoLife Communications; P.O. 5223; Cordele, GA 31010. Checks should be made payable to: indigoLife Communications, Inc. **Vendors should keep in mind that vending/ exhibition opportunities are on a first come, first serve basis. Therefore, Exhibitors/ Vendors who choose on-line payments options may have premiere opportunity to guarantee an Exhibitor/Vendor booth.**

NOTE: Vendors who choose to attend the daytime sessions must purchase a pass for these activities. Discounts are available for those who wish to take advantage of this option. Please contact Dr. Alicia Ritchey at 229.322.9965 to purchase your Premium Access event pass. See page 2 for discount prices for Exhibitors / Vendors.

**CANCELLATIONS:**

All application fees for exhibitors, product tables, vendors are non-refundable.





**Vendor General Info CONT'D**

**ACCEPTABLE CATEGORIES FOR VENDORS**

Arts / Crafts: Hand-designed Artwork (paintings, metals, knits etc.)

Apparel: Clothing and other wearable paraphernalia (i.e. clothing, hats, scarves, brooches, etc.)

Jewelry / Handbags: Pouches/ purses of all sorts / Fashion jewelry, including hair accessories

Miscellaneous Non-edibles: Knick Knacks

Freelance Services: Photography / Painting / T-shirt designs, etc.

Food Vendors: Food vendors must comply with all Crisp County Health Department regulations pertaining to food sales at special events. I understand that failure to comply with CCHD regulations may result in being asked to leave the Conference, forfeiting all fees.

**Exhibitor/Vendor Application**

Applicant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Category: \_\_\_\_\_

(See above for List of Acceptable Categories for Vendors)



**indigoLife**  
**WOMEN'S**  
**EMPOWERMENT**  
**& CULTURAL EXPO**



**Vendor General Info CONT'D**

Check all that applies to your vending requests:

- Social Events Vendor (\$100)                       Table (6 ft.) & two chairs(\$15)

Number of DAYS you expect to vend: \_\_\_\_\_      Number of 10x10 spaces you will need: \_\_\_\_\_

\*Disclaimer: We do our best to accommodate requests, but first choice area is not guaranteed.

Requested Items:	Prices:

As a participant of the indigoLife Women's Empowerment & Cultural Expo 2017, I fully understand and agree to the following:

indigoLife Communications, Inc. believes in equal opportunities for all vendors; and will actively seek fair evaluation of all applications. We do not allow personal beliefs to conflict with application consideration. In selecting participants, criteria may include menu items, past history, receipt of application arrival, and event area accommodations. **indigoLife Communications, Inc.** reserves the right to deny acceptance of any applicant if past experience or other factors warrant exclusion.

I recognize and acknowledge that I assume full risk of any injury, property damage, or loss which I may sustain as a result of my participation in any and all activities connected with or associated with my participation in the Women's Empowerment & Cultural Expo. Furthermore, I understand that I should carry my own insurance, and that I store my products and equipment overnight at my own risk.





**Vendor General Info CONT'D**

Vendors are expected to provide their own tables and display boards. Do not tape, tack, or otherwise affix any materials or signs to walls, light fixtures, or other surfaces on public or private property. Vendors may purchase a table and two chairs for an additional \$15.00.

No Vendors or their representatives shall conduct themselves in a manner offensive to general standards of decency or good taste. The Exhibitor/Vendor Committee reserves the right to screen all booths and exclude inappropriate items or items that do not fit within the category stated on application. In the event of inappropriate behavior, including the sale of items not listed, the booth will be forced to close, and all fees will be forfeited.

I agree to provide a specified list of all items I plan to sell, and I acknowledge that I may not be permitted to sell each of the items I submit. I understand that I must comply with all Crisp County Health Department regulations pertaining to food sales at special events. I understand that failure to comply with HCHD regulations may result in being asked to leave the Conference, forfeiting all fees.

I agree that I am responsible for the transportation, insurance, and sale of my products. I also understand that I am responsible for collecting and reporting sales tax on all transactions made during the Conference. I agree to pay all the necessary fees set forth in this application. I understand that my Vendor fee, upon application arrival, is absolutely non-refundable.

I agree to be present from the start to closing time. I agree that if I have not set up by the designated times on the event days, or if I leave the event early, I forfeit my booth space and all fees. If I intend to be late, I must acknowledge this to the Event Manager, or I may forfeit my booth space. I agree that all demonstrations, exhibits, and vendors may be photographed and/or video-graphed for publicity purposes and/or as part of the indigoLife Magazine feature. I understand and will abide by the rules of this application.

I have thoroughly read all of the entire Exhibitor/Vendor application. I understand its contents, and I agree to abide by all rules set forth in this agreement.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name) (Signature)

