



LAS VEGAS CHAPTER

VENDOR APPLICATION—MADAM C.J. WALKER JAZZ COCKTAIL RECEPTION FUNDRAISER

<p>EVENT MAILING ADDRESS: NCBW—Las Vegas Chapter ATTENTION: VENDOR CHAIR P.O. Box 97403 Las Vegas, NV 89193-7403</p> <p>MERCHANDISE VENDOR FEE: \$250 SERVICE VENDOR FEE: \$100</p>	<p>EVENT DATE: Sunday, May 19, 2019 EVENT TIMES: 11:00 a.m.—Table Set-up 2:00 p.m.—Vendor Shopping 3:30 p.m.—Doors Open 4:00 p.m. – Program Begins</p>	<p>NEED A VENDOR AGREEMENT? Contact: Debbie at 702-243-4222 or dtm7679@outlook.com</p> <p>EVENT LOCATION: The Orleans Hotel and Casino 4500 West Tropicana Avenue Las Vegas, NV 89103</p>
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(PLEASE TYPE OR PRINT CLEARLY) **Check One** Email or Mail **VENDOR AGREEMENT**

VENDOR'S NAME _____ CO-OWNER'S NAME: _____

VENDOR'S ASSISTANT'S NAME: _____

VENDOR'S BUSINESS NAME: _____

VENDOR'S BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERSONAL ADDRESS: (ONLY IF NO BUSINESS ADDRESS GIVEN) _____

CITY: _____ STATE: _____ ZIP _____

BEST NUMBER TO REACH YOU: CELL PHONE _____

HOME: _____ BUSINESS: _____

E-MAIL ADDRESS: _____

(PLEASE PRINT CLEARLY)

PLEASE DESCRIBE WHAT YOU ARE SELLING OR PROMOTING. _____

- COMPLETE AND RETURN VIA SCAN TO dtm7679@outlook.com OR TO ABOVE P.O. BOX BY **FRIDAY, April 12, 2019**
- WE WILL EMAIL YOU THE **VENDOR AGREEMENT** ONCE WE RECEIVE YOUR VENDOR APPLICATION
- THE SIGNED VENDOR AGREEMENT, FEE PAYMENT, AND ADDITIONAL COSTS ARE DUE BY **FRIDAY, May 3 , 2019**

FOR EVENT COMMITTEE USE ONLY

V/Ap Sent: _____ V/Ap Rec'd: _____ V/Ag Sent: _____ V/Ag Rec'd: _____ Authorized Ag: _____

Payment Rec'd: _____ Vendor is: Accepted Denied, Reason for Denial: _____

Payment Method(s): (Check All That Apply) Cashier's Check: _____, Credit Card: _____, Money Order: _____

Receipt Given: Yes _____ No _____ By Whom Initials (Circle One): TY / JL, Other: _____

Vendor #: _____, Vendor Table #: _____, Business Card Rec'd: Yes _____ No _____ Survey Rec'd: Yes _____ No _____