



Vendor Registration Form

El Olam Center for Dance & Arts
 PO Box 756
 Farmington Hills, MI 48332
 (248) 599-2239

Dear Prospective Vendor,

Thank you for supporting El Olam Center for Dance & Arts, 2 Day Dance Intensive – Praise Dance Boot Camp.

(PLEASE PRINT OR TYPE)							
Contact Name:				Title:			
Organization Name:				Type of Business:			
Address:							
City:		State:		Zip Code:		Phone: (____) _____-_____	
Email:							
VENDOR FEES - (Please check all that apply) Vendor fee includes parking at COBO Center. In order to receive parking, you must purchase vendor table by May 15, 2016.							

<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	Single Table (1 Day)	\$65.00	x	1	=	_____
		Single Table (2 Days)	\$100.00	x	1	=	_____
		Extra Table	\$25.00	x	___	=	_____
Total							\$

I will like to contribute a service or product to be used as a giveaway.
(This year our charity is Alternative for Girls. We will like to give the majority of the giveaways to the girls from Alternative for Girls.)

YES NO

Donation Description: _____

PAYMENT:

Please submit completed form and a 50% deposit by **April 16, 2016**. Final payment is due by **May 15, 2016**. Acceptable methods of payment include: cashier’s check, money order, or credit card. Cashier’s checks and money orders should be made payable to: **El Olam Center for Dance**. **PayPal** payments may be sent to info@elolamdance.org. Only use Credit Card Payment Authorization if you are paying by credit card and **you do not** want to pay online. If you have any questions, please call 248-599-2239. Please add \$3 per \$100 to cover service charge.

CREDIT CARD PAYMENT AUTHORIZATION

(Circle Card Type): MasterCard Visa American Express Discover Amount to Charge: \$ _____
 Card Number: _____ Expiration Date: ____/____/____ Auth. Code: _____ Type _____
 Print Cardholder Name: _____ Phone Number: (____) _____-_____
 Cardholder Billing Address: _____ City/State/Zip: _____
 Cardholder’s Signature: _____ Date: ____/____/____

El Olam Center for Dance and Arts would like to thank you for your support.



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The “Vendor” hereby agrees to:

1. Promote the services of their business (as stated below) and will not share table space nor promote the services of any other business during the event. Company “umbrella” businesses are not permitted.
2. Provide your own linens for your table(s). Vendor tables are 6 feet long.
3. Complete setup of display by 7:00 AM, on Friday and Saturday, June 17-18, 2016. The display must remain in place throughout the day and may not be broken down until the end of the event, no later than 11:00 PM each night.
 - a. **Location Address:**
COBO Center
1 Washington Blvd
Detroit, MI
4. The space must be supervised by a qualified individual at all times while open to the public. All business representatives shall promote their services within the confines of their table ONLY.
5. Any goods and materials that are pornographic, sexually explicit or derogatory in nature are PROHIBITED to sell or distribute at vendor table(s).
6. Complete, sign and return this agreement, along with a 50% deposit, to secure reservation. Your signature signifies acceptance/acknowledgement of the terms of this agreement. The remaining balance is due or postmarked by **May 15, 2016**. If the payment is not received by May 29, 2016, the vendor understands that the reservation and deposit shall be forfeited.
7. Late registration starts on May 30, 2016 and registration fee will not include parking pass.
8. Cashier’s checks, money orders, and credit cards are acceptable methods of payments. Cashier’s checks or money orders should be made payable to **El Olam’s Center for Dance** and mailed with the signed Vendor Agreement form. Please send checks and money orders to Attention: El Olam Center for Dance – Vendor/PO Box 756, Farmington, MI 48332. Vendors paying with credit cards have the option of emailing the Vendor Agreement form to info@elolamdance.org at the time of submission.
9. **Disclaimer:** All sales and deposits are final and non-refundable. However, they are transferrable as long as the vendor is an approved vendor by El Olam’s staff.

Signature
(Vendor Representative) _____

Print Name
(Vendor Representative) _____ **Date:** ____/____/____