

This is a fillable form. You can print the completed form and save it to your device.

El Grupo VIDA's 20th Annual Conference

VENDOR APPLICATION

Table Fee: Nonprofits \$50.00 For Profits \$100.00

Company Name:	
Contact Name:	
Company Type	○ Non-profit○ For Profit
Title:	
Address:	
Suite/Apt/Building:	
City:	State Zip
Email:	
Website:	
Phone:	Cell:
Brief Description of the Services your Organic	ganization Provides:
Do you need any power? (We can not guarantee access but will try.)	○ Yes○ No
Special Requests or Accommodations Ne	eeded:

Please mail your payment for the Vendor fee made payable to El Grupo VIDA to 801 Yosemite Street, Denver, CO 80230. Payment must be received to confirm reservation at the event.

FOR OFFICE ONLY:		
APPROVED	PAYMENT RECEIVED	Amount
○ Yes	○ Yes	○ Nonprofit rate of \$50.00
○ No	○ No	For profit rate of
Notes:		\$100.00