

NORTHWEST DOULA CONFERENCE EXHIBITOR & VENDOR APPLICATION

WHEN: SATURDAY, MARCH 20, 2010 | 8:00AM-4:30PM
WHERE: COMMUNITY HEALTH EDUCATION CENTER, 519 15TH STREET, OREGON CITY, OR 97045

Please print neatly to ensure good communication. Thank you!

Your Name

Email address

Name of Business / Nonprofit Organization

Address

Telephone [Business]

[Cell]

Name of assistant who will attend with you*

Special Needs [accessibility, space, location, electricity, etc]

Below, please describe the products that will be sold or services that will be exhibited or provided:

CHOOSE YOUR PARTICIPATION LEVEL (*Second person [partner/assistant] must pay for their meals)

Exhibitor Fee: \$150.00 includes table & chair + breakfast and lunch
Tables ____ X \$150.00 | # Partner/Assistant* Fee ____ X \$20.00 | Total Due \$ ____ .00

Vendor Fee: \$230.00 includes table & chair + breakfast and lunch
Tables ____ X \$230.00 | # Partner/Assistant* Fee ____ X \$20.00 | Total Due \$ ____ .00

Wellness Room fee: One person only. Must pay for own lunch - \$20.00 (cannot bring in food) |
Total Due \$20.00

LUNCH OPTIONS (choose one):

- | | |
|--|--|
| <input type="checkbox"/> Flat Iron Steak w/Havarti on Flat Bread | <input type="checkbox"/> Grilled Veggie Salad (v) |
| <input type="checkbox"/> SW Sirloin & Portobello Salad | <input type="checkbox"/> Greek Salad (v) |
| <input type="checkbox"/> Turkey & Avocado Croissant | <input type="checkbox"/> Grilled Veggie Salad (vg)(GF) |
| <input type="checkbox"/> Roasted Rosemary Chicken Salad | <input type="checkbox"/> Greek Salad (raw)(vg)(GF) |
| <input type="checkbox"/> Roasted Veggie & Avocado Wrap (v)(vg) | |

Circle if you have a preference: (v) vegetarian (vg) vegan
(GF) gluten-free (raw) raw

Applications are due by March 15th, 2010

- ✓ First contact Aqiylah (503) 460-9324 or aqiylah@ictcmidwives.org
- ✓ Complete the form [be sure your contact information is legible]
- ✓ Mail this form and check/M.O. (payable to ICTC)
- ✓ FURTHER INFORMATION WILL THEN BE EMAILED TO YOU

FIRST email Aqiylah at
aqiylah@ictcmidwives.org

THEN mail check and
completed application to:

ICTC
Northwest Doula Conference
PO Box 11923
Portland, OR 97211