

## 5<sup>TH</sup> ANNUAL CRE CONFERENCE VENDOR APPLICATION FORM

### APPLICANT INFORMATION

Please note that Day 2 of the conference is an excursion day and participants will not be on location.

Name:

Date of birth:

Group name:

Phone:

Current address:

City:

Province:

Postal Code:

### INFORMATION

Brief description of items you will be presenting:

Method of paying \$250 vendor fee:

Do you require chairs?

Phone:

E-mail:

Fax:

### EMERGENCY CONTACT

Name of emergency contact:

Address:

Phone:

Relationship:

### VENDOR TEAM

Name

Name

Name

Name

### SIGNATURE

I authorize the verification of the information provided on this application form to be a vendor at the 5<sup>th</sup> Annual Canadian Roots Exchange Conference in Winnipeg, Manitoba from March 27<sup>th</sup>-29<sup>th</sup>, 2017

Signature of applicant:

Date:

Please print, complete and scan this form and email it to [conference@canadianroots.ca](mailto:conference@canadianroots.ca).