



Hmong Resource Fair
 c/o Hmong Cultural Center
 995 University Avenue West, Suite 214
 Saint Paul, MN 55104-4785
 Office (651) 917-9937
 Fax (651) 917-9978
www.hmongresourfairmn.org

VENDOR REGISTRATION FORM

8th Annual Hmong Resource Fair

10 a.m. - 2 p.m. on Saturday, October 3, 2009
 Aldrich Arena, 1850 White Bear Avenue North
 Maplewood, MN 55109

Please type or print clearly

Organization Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Email: _____

Organization Website: _____

Name(s) of exhibiting staff: _____

Area of Focus (*check one only*):

- Bank/Finance Business Community Education Employment
 Health Housing Government/Social Services Legal

Specify services and products your organization provides: _____

Early Bird Registration – Deadline: August 28, 2009

- Non-Profit - \$125
 Government/Higher Ed - \$175
 For Profit - \$250

Late Registration – Deadline: September 18, 2009

- Non-Profit - \$150
 Government/Higher Ed - \$200
 For Profit - \$275

PAYMENT WITH THIS REGISTRATION FORM IS REQUIRED

EXHIBITOR STATEMENT (Please read the following carefully and sign):

I agree to be an exhibitor at the Hmong Resource Fair on Saturday, October 3, 2009. I understand that the non-refundable booth fee provides me with one (1) table and two (2) chairs at the Hmong Resource Fair. **I further understand that my payment must be received by the registration deadline in order to confirm my booth space.** As an exhibitor, I assume full responsibility for all my equipment and products, and hold harmless the organizers of the fair. I take full responsibility for obtaining insurance coverage for any damage, theft, and/or loss that might occur at the fair. Furthermore, I authorize the Hmong Resource Fair organizers the use of video and photography of my company/organization for public relation purposes. I also understand that the Hmong Resource Fair reserves the right to refuse any exhibitor whose products or services conflicts with its mission and principles.

I have carefully read and agree to abide by the above statement:

Authorized Signature: _____ **Date:** _____

**Please make check payable to:
 Mail to Attention:**

Hmong Cultural Center
 8th Annual Hmong Resource Fair
 995 University Avenue West, Suite 214
 Saint Paul, MN 55101-4785