

VENDOR Registration Form

Please fill all the details and do not leave any applicable field blank

Mr. Ms.

First Name: _____ Last Name: _____

Business Name : _____

Type of Product or Service: _____

E-mail: _____ Website: _____

Organization: _____ Institution: _____

Address (1): _____

Address (2): _____

Postal Zip Code: _____ Country: _____

Direct Tel: _____ Fax: _____

Mobile Tel: _____

VENDOR Registration Fee

Registration Type	Table/Booth Space (Day 2 and Day 3)
	\$ USD
General Vendor	150 per table
Professional Provider/Agency	200 per table
Student/Affiliates	75 per table

Please note: Payment for Vendor registration must be received within 10 days of sending the completed **registration form** or at the latest by March 31, 2011. Payment received beyond this date may result in cancellation of the vendor registration.

Cancellation Policy: Cancellations and refund requests must be confirmed in writing. The last date to request a cancellation of your Vendor registration is March 31, 2011 with 75% refund. 25% of the fees will be withheld as processing fees. Substitutions in Vendor registration (change of name on Table/Booth) are welcome until March 31, 2011.

How to Register

All vendor Registration Forms and payments to secure vendor table/booth space should be forwarded to the following:

Contact: NORSMAN Consulting Group E-MAIL: norsmangroup@yahoo.com Alternate E-Mail: elrae.potts@thehopeconference.com	FAX: (406) 265-1821	PHONE: (406) 262-2403
MAIL VENDOR Registration Forms & Payments To: NORSMAN Consulting Group Attn: Todd A. Hanson, Hope Conference Fiscal Agent P.O. Box 500 Havre, Montana 59501		
PAYMENT: Checks should be made payable to: NORSMAN Consulting Group Credit Card Processing: Please Inquire as to availability at time of Registration Purchase Orders: Sorry, we are unable to accept P.O.'s as payment		