**DELTA SIGMA THETA SORORITY, INC.**

**Greater Cleveland Alumnae Chapter Event**

**GCAC OFFICIAL DELTA VENDOR FORM**

**P.O. BOX 221368**

**BEACHWOOD, OH 44122** **EVENT NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVENT DATE(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 1: Vendor Information**

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Status (Sole proprietor/corporation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: Cell/Alt Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Vendor Merchandise and Exhibit Information**

Please briefly describe merchandise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(NOTE: Each Vendor is asked to provide a gift valued at $35.00 or more for use as vendor advertisement / promotional tool.)***

Table Accommodations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(NOTE: One covered and draped six-foot table will be provided. There is no wall space available. Items cannot be hung on walls. Please bring display equipment to hang items.)***

Setup time is \_\_\_\_ AM PM Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ Tear Down time is \_\_\_\_ AM PM Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Operating hours are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM PM to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM PM Date \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

**OPERATING HOURS ARE STRICTLY ENFORCED. No Vending is permitted during meetings or programs. Failure to adhere to the above-indicated schedule and or stated vending restriction shall terminate this engagement, result in the vendor being asked to terminate sales, and may result in the named Vendor being banned from future chapter events.**

**LIABILITY AND PROHIBITION: By signing this form, the herein named Vendor, its agents, employees, successors and or assigns shall hold harmless, defend and indemnify the Greater Cleveland Alumnae Chapter of Delta Sigma Theta and Delta Sigma Theta Sorority Inc. and their respective members, agents, and or representatives, from any and all claims and /or damages and costs of any and all kinds, arising out of or related to the named Vendor’s participation in this event or activity.**

Vendor Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Vendor Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

**Section 3: Payment Information**

Fee (per table): $ \_\_\_\_\_\_\_\_\_\_\_\_ Non-Deltas $ \_\_\_\_\_\_\_\_\_\_\_\_ Deltas Promotional Gift Supplied Y \_\_\_\_\_\_ N \_\_\_\_\_\_

Final date for receipt of payment is \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

**Please tender payment by Cashier’s Check or Money Order Only made payable to Delta Sigma Theta Sorority.**

**Send payment to: Greater Cleveland Alumnae Chapter of Delta Sigma Theta Sorority, Inc.**

**PO Box 221368, Beachwood, Ohio 44122**

**Attn: Committee Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**