

VENDOR INFORMATION
19TH ANNUAL OAACHR EDUCATIONAL CONFERENCE
SEPT. 20-24, 2004

CHEROKEE HILLS RESORT & CONFERENCE CENTER, CATOOSA, OK

Company Name: _____

Representative Name: _____
(Name of person who will be attending the booth for your company)

Address: _____ **City:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

E-Mail: _____

I will be displaying: _____

Days I will be displaying: M T W TH F

My organization is: Non-Profit / For Profit (Circle one)

I understand that the Vendor Booth fee is \$100.00
Payable by check or money order to OAACHR.

Vendor Fee will be waived for Native American Crafters, however we require donation of an item for a door prize.

I will be: _____ Mailing a check _____ Paying at the Door

I will need _____ table(s) and _____ chair(s).

Other equipment needed: _____

I will need an electrical outlet. Y N

Please mail or fax completed form to Cyndi Gilks, Secretary OAACHR, 700 N. Mission, Okmulgee, Ok 74447. Fax;# 918-756-9906 E-Mail: Cyndi.gilks@mail.ihs.gov

I can be contacted by phone at: 918-756-1941 or 1-888-356-8494