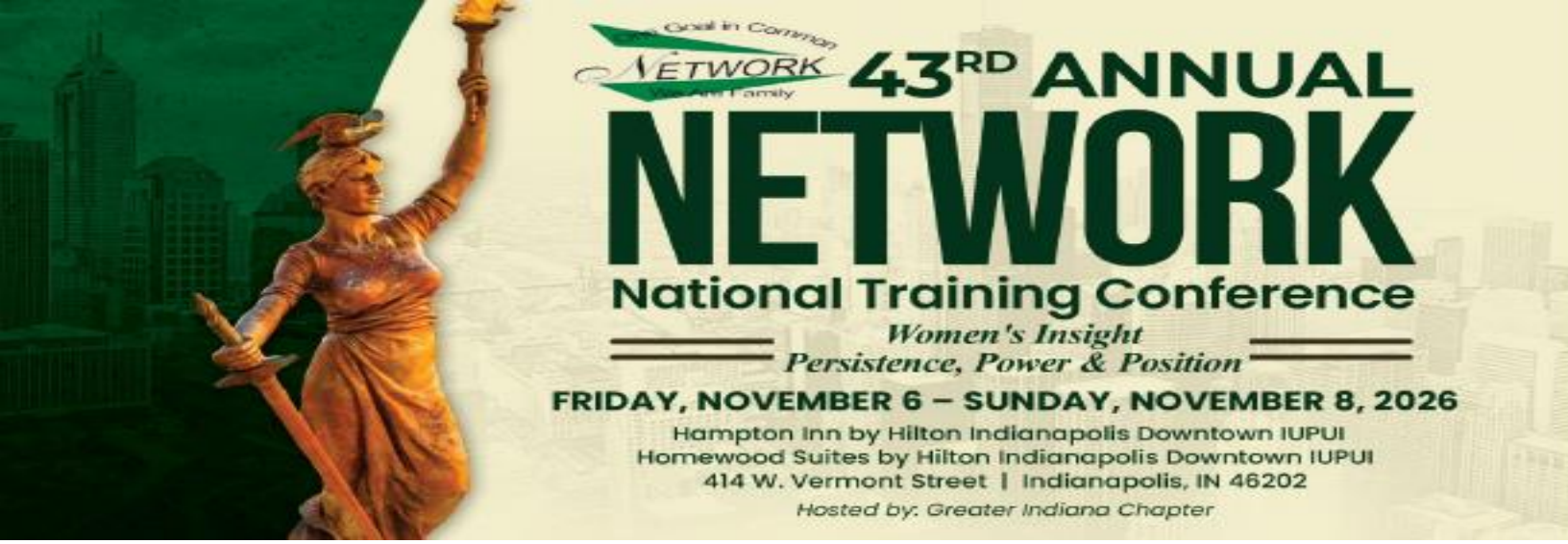

Vendor Registration Form – Please Print

Company Name: _____

First & Last Name: _____

Address: _____ **City, State, Zip:** _____

Cell: _____ **Personal Email:** _____

Items to be sold: _____

Booth(s) must be always manned Fri. Nov 6 – Sat. Nov 7, 2026. One table and two chairs will be provided. Vendors can set up as early as 7:30AM Friday & Saturday. Conference hours are 8:00am to 3:00pm both days. Check the box to reserve your booth space. Spaces are Limited, and are on a first come, first serve basis.

Vendor Options	Description	Check One	Cost
Vendor Table Package	2 Day Package (SPECIAL - Fri. & Sat.)		$200.00
Vendor Table Single Day	1 Day Vendor Table (Friday)		$125.00
Vendor Table Single Day	1 Day Vendor Table (Saturday)		$125.00
	Total Due		**$_____**

ACCEPTABLE PAYMENT METHODS: CASHAPP $NetworkIndy26, Zelle: 574-621-9384 (Nina Coley). Email completed form to ninahp3@yahoo.com or mail completed forms and payment NETWORK C/O Percie White, 4507 Moorfield LN, Ft. Wayne, IN 46816. **Cancellations** must be received in writing, no later than **Sept 1, 2026**. NOTE: No refunds will be granted if the cancellation is received after Sept 1, 2026.

"NO HOLD HARMLESS CLAUSE" **The vendor assumes the entire responsibility for any losses, damages, and claims due to the vendor activities on the Hotel premises and will indemnify, defend, and hold harmless NETWORK Indiana Chapter, NETWORK National and the Hotel, its agents, servants, and employees from all such losses and claims. We do not guarantee how much money you make or how many will buy. The hotel or NETWORK Indiana Chapter, NETWORK National will not be responsible or liable for any loss, damage or claims arising from our vendor activity on the Hotel premises. Storage space is not available for display materials and for show merchandise. I agree with the terms and conditions as outlined in this contract.** For questions regarding vendor registration and approval, contact Nina Coley at ninahp3@yahoo.com or call 574-621-9384.

Signature of Authorized Vendor: _____ **Title:** _____

NETWORK Authorized Representative: _____ **Date:** _____