

Fifth Annual Direct Service Tribes National Meeting

August 5-7, 2008

Red Lion Hotels of Spokane

303 W. North River Drive

Spokane, WA 99201

Dear Vendors,

You are invited to place a booth at our upcoming National Meeting. Please join us at the Direct Service Tribes Fifth Annual National Meeting scheduled for **August 5-7**, in **Spokane, Washington** at the **Red Lion Hotels of Spokane**. We feel your involvement would have a far greater impact being displayed at your conference and your work would be showcased for many to see.

We are expecting 300-400 people to attend our national meeting from tribes throughout the United States. We will have tribal members, Indian Health Service employees from throughout the country attending this meeting.

Vendor/Exhibitor Space Costs:

- Arts & Crafts: \$300.00
- Federal Agencies: \$200.00
- Non-Profits: \$100.00

If you are interested in getting plenty of exposure; please fill out the Vendor Application and Mail, FAX, or Email it to Elaine Dado at:

Northwest Portland Indian Health Board

ATTN: Elaine Dado

527 SW Hall, Suite 300

Portland, Oregon 97201

Phone: (503) 416-3268

Fax: (503) 228-8182

Email: edado@npaihb.org

**Fifth Annual Direct Service Tribes National Meeting
August 5-7, 2008**

Red Lion Hotels of Spokane
303 W. North River Drive
Spokane, WA 99201

Vendor Application

Vendor Fees (For all 3 days):

Arts & Crafts: **\$300.00**
Federal Agencies: **\$200.00**
Non-Profit: **\$100.00**

We have enough vendor space for 15 - 20 vendors. We will have a designated area at the Red Lion Hotel for set-up.

Exhibition Space:

Exhibitors will receive an 8'x10' Skirted table and (2) chairs. Please request all electrical needs and equipment ahead of time. Also, if you need extra table space A \$20.00 fee will be added.

Schedule:

Check-in and booth set-up can Begin in the afternoon of August 5, 2008 anytime after 7:00am. *Security will not be provided during conference hours. The Direct Service Tribes is not responsible for loss, damage, or theft.*

Application Check List

_____ Completed & Signed Application
_____ Deposit

Description of Products:

**For Additional Information, Call Elaine
at Phone: (503) 416-3268**

Please Mail, Fax, or Email Application to:

**Northwest Portland Indian Health Board
ATTN: Elaine Dado
527 SW Hall, Suite 300
Portland, Oregon 97201
Phone: (503) 416-3268
Fax: (503) 228-8182
Email: edado@npaihb.org**

Application:

The Application Deadline is
Completed Application & Vendor Fee:
**ONLY ONE APPLICATION PER
BOOTH SPACE BUSINESS,
ORGANIZATION, OR INDIVIDUAL**

Name: _____

Address: _____

Phone/FAX: _____

Email: _____