

**ICI 40th Anniversary Celebration Pow Wow
Vendor Information**

Type of Booth: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

Signature: _____

*By signing, here I understand that Indian Center Inc. will not be held responsible for accidents, thefts, or damages to personal property during the ICI 40th Anniversary Celebration Pow Wow.

FOR ICI USE ONLY

Date of Payment: _____

Type of Payment: _____

Received by: _____