

AREA WIDE TRIBAL BEHAVIORAL HEALTH CONFERENCE

VENDOR APPLICATION

Contact Name: _____

Tribal Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

What will you be selling at your booth? _____

Do you need power for your booth? _____

Do you have any dietary restrictions? _____

Do you need any accommodations? _____

Each vendor will have one table as spots are limited.
Please email completed forms and any questions to
BHconference@cowlitz.org



**COWLITZ
INDIAN TRIBE**

BEHAVIORAL HEALTH SERVICES