

# 2026 AREA WIDE TRIBAL BEHAVIORAL HEALTH CONFERENCE

## COWLITZ VENDOR APPLICATION

Contact Name: \_\_\_\_\_

Tribal ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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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? \_\_\_\_\_

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Each Cowlitz vendor will receive two free tables.

Return completed form to:  
Cowlitz Indian Tribe BH  
900 Fir St.  
Longview, WA 98632

OR

Email completed form to:  
BHconference@cowlitz.org

**\*Deadline July 31, 2026**



Contact us:  
BHconference@cowlitz.org