



2618 K Street ~ Sacramento, CA 95816

**Honored Elders Day ~ June 6, 2015
Vendor Booth Request and Information Form**

Thank you for your interest in our annual event. Please note: **the fee is \$50 and VENDORS ARE ACCEPTED ON A FIRST-COME, FIRST SERVED BASIS.** *If you have not already done so, please donate a hand-crafted item for our door prize drawing.*

Important information:

- According to the Indian Arts & Crafts Law of 1990 (PL101-644), it is illegal to offer or display for sale, or sell any art or craft product in a manner that falsely suggests it is Indian produced, an Indian product, or the product of a particular Indian, Indian tribe, or Indian arts & crafts organization residing in the U.S.
- We are required by law to verify that you hold a seller’s permit from the State Board of Equalization to participate. There is no fee to obtain the permit; you may call (916) 445-6464 or visit www.boe.ca.gov.
- The event is held outside the museum on the park grounds. Set-up begins at 8:30 am; the event starts at 10:00 am.
- We have a limited number of tables available—the Elders are accommodated first. We encourage you to bring table(s), chairs, and other necessary items.
- Parking is metered; please be prepared with quarters to feed the meter.
- Lunch will not be provided. Please bring your own, purchase one from the Indian taco booth onsite, or visit one of our local sandwich shops/eateries.
- Regarding sales items: please note that **no political material is allowed.** All items for sale must be hand-crafted, authentic, and not re-sale items.

To register for the event, please fill out the bottom portion of this form and forward it to the address above with your check for \$50 made payable to the California Indian Heritage Center Foundation (CIHCF). Credit cards are also accepted.

PAYMENT & A COMPLETED APPLICATION FORM ARE REQUIRED PRIOR TO THE EVENT DATE.

--detach here and mail--

Honored Elders Day ~ June 6, 2015 ~ Vendor Application Form

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

I sell/demonstrate: _____

Circle Credit Card: VI MC AMEX Number: _____ Expiration: _____

CVV# _____ (3 or 4 digit security code)

Your Signature (required): _____ Email: _____

Questions may be directed to: (916) 324-8112 or cmcgough@parks.ca.gov