



Inter-Tribal Emergency Management Summit 2014
Grand Casino Hotel Resort,
777 Grand Casino Boulevard
Shawnee, OK 74804
June 3-5, 2014 - 9:00 a.m. – 5:00 p.m.
Vendor Registration Form

Name (Last, First, Middle Initial, Suffix) _____

Agency or Organization Represented _____

Work Phone No. _____ Ext. _____ Fax No. _____

Mobile Phone No. _____ E-Mail Address: _____

Current Position (Title) _____

Check what best describes your organization

Tribal Government _____ Federal Government _____ County Government _____

Business/ Industry _____ City / Town _____ Other _____

Address (Street, avenue, road no. / city or town and zip code) _____

Booth space will be approximately 10 feet wide with an 8 foot table. Will you require a table? No _____ Yes _____

Any special requirements? _____

Will you require electricity? No _____ Yes _____ Will you contribute a door prize? No _____ Yes _____

What will be the focus of your vendor display? _____

Registration Fee: _____ \$200

Vendor display area will be available for setup at 5:00 p.m. on Monday, June 2, 2014.

Signature _____ Date _____

E-mail completed forms to
associatedprofsvcs@swbell.net
or fax completed forms to: (405) 721-0753
For additional vendor registration information:
(405) 250-6689

Remit Payment to:
ITEMC
P. O. Box 1729
Okmulgee, OK 74447