



**NATIONAL BLACK LESBIAN
CONFERENCE
April 7-10, 2005
Dallas Texas
Hilton Dallas Lincoln Centre**

Exhibitor/Vendor Information

All vendor application must be received before March 15, 2005

Exhibit space is limited and will be filled on a first-come first-served basis. Applications with full payment received by March 1, 2005 will guarantee listing in Program Book

Exhibit Schedule:

- | | |
|----------------------|----------------------------------|
| - Set-Up Date/Hour | Thursday April 7, 2005 6pm-10pm |
| - Teardown Date/Hour | Sunday April 10, 2005 9am – 12pm |

Exhibit Space Includes:

- One- 6ft x 30ft table per vendor with box skirt, 2 chairs, and trash can
- Basic electricity and connection, general maintenance of aisles, hotel lighting, heating, air conditioning, and ventilation.

Exhibit space (standard) does not include:

- Drayage and placement of display equipment
- Decoration and related services
- Guard Services
- Labor; i.e., carpenters, electricians, and drapers.
- Special lighting, special electrical power, or special connection and/or telephone lines and connection
- Gas or water supply

Additional fees will apply if above services are required. Zuna Institute does not expedite any additional equipment. Please contact hotel for fees and installation at:

HILTON DALLAS LINCOLN CENTRE
5410 LBJ Freeway
Dallas, Texas 75240
Phone: 972-701-5202 Fax: 972-701-5210

Storage

There will be a locked storage area available. All Exhibitors are responsible for breakdown each day to transport into storage area if applicable.

Shipping

Exhibitors can ship items to hotel no more than 2 days prior to April 7, 2005. **All exhibitor materials must be shipped to hotel addressed to you.** Do not ship items to Zuna Institute. Zuna Institute will not be responsible for any materials. _____ Initial required.



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Nametag will be produced from information provided below

First Name	Last Name	Date
Mailing Address		City, State Zip Code
Telephone	Fax	Email Address
Business Name/Organization		
Mailing Address		City, State Zip Code
Telephone	Fax	Cell Phone

Arrival Date/Time _____

Please describe your exhibit and the materials you are displaying/selling.

List additional person working with Exhibit. Nametag will be issued.

First Name	Last Name	Address	City/State/Zip
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Exhibitor Fees - Resale License may be required. Contact vendor@zunainstitute.org for information

- Non-Profit - Sales \$150.00**
- Non Profit Information Only \$90.00**
- For Profit – Sales \$225.00**
- For Profit – Information Only \$175.00**

Total Amount Due: _____ **Enclosed check payable to Zuna Institute**

With your signature you agree to the terms outlines on the Exhibitor Information Form, and agree to the following. Exhibitor assumes responsibility and agrees to indemnify and defend Zuna Institute and Hilton Dallas Lincoln Centre against any claim or expenses arising out of the use of the exhibition space. The Exhibitor understands that Zuna Institute and Hilton Dallas Lincoln Centre maintains no insurance covering the Exhibitor’s property, and it is the sole responsibility of the Exhibitor to obtain such insurance.

Signature _____ Date _____