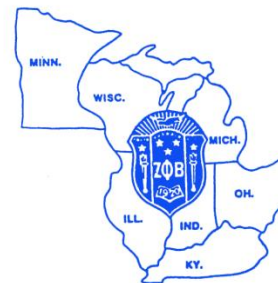


# ZETA PHI BETA SORORITY, INC. GREAT LAKES REGION

## 2013 Regional Leadership Conference



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79<sup>TH</sup> GREAT LAKES REGIONAL CONFERENCE • Indianapolis, Indiana

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Dear Vendor:

Zeta Phi Beta Sorority, Inc., will be hosting its 79<sup>th</sup> Annual Great Lakes Regional Leadership Conference at the Sheraton Indianapolis Hotel at Keystone Crossing (8787 Keystone Crossing Indianapolis, Indiana 46240 \* 317-846-2700) on the weekend of **April 25-28, 2013**. We are looking forward to full days of learning, networking and shopping!

<u>CATEGORY</u>	<u>APPLICATION FEE</u>
<input type="checkbox"/> Zeta National Licensed Vendor	\$400.00
<input type="checkbox"/> Member of Zeta Phi Beta Sorority, Inc.	\$350.00
<input type="checkbox"/> Non-Zeta National Licensed Vendor	\$450.00

▪ **Additional Information:**

- Fees include One (1) Table and Two (2) Chairs per Vendor Space.
- Additional tables are \$25.00.
- Licensed Vendors must be approved by Zeta Phi Beta Sorority, Inc.- National Headquarters. The Zeta Licensed Vendor Number will be required upon submission of the application and verification from our National Headquarters.
- Vendor display days will be Thursday, April 25<sup>th</sup> thru Saturday, April 27<sup>th</sup>
  - An enhancement has been made for the 2013 vending hours – You may now begin to start your vending hours on Thursday evening!
  - Hours are: Thursday 5pm-11pm; Friday & Saturday 8am-7pm
- The required form of payment is a cashier's check or money order.

**NOTE:** The deadline for vendor application submission is **Monday, April 1, 2013**.

Please respond by **April 1, 2013** sending the enclosed form with your registration fee.

**Please mail (2) copies of the registration form and payment.**

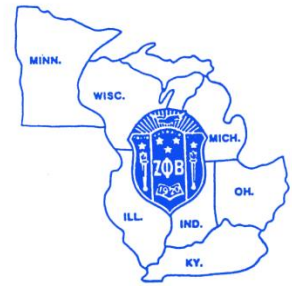
**Payable to: Zeta Phi Beta Sorority–Great Lakes Region  
c/o LaDonna Randle, Financial-Secretary  
Zeta Phi Beta Sorority – Great Lakes Region  
PO Box 5002 \* Chicago, IL 60680**

Your reservation will be confirmed upon receipt of your completed form and registration fee. Your confirmation will include the exact location of vending. In the event that the form and payment arrive after the capacity has been filled, the form, as well as, your non-deposited check will be forward back to you immediately upon receipt. Feel free to contact: **Ms. Carolyn Wadlington** with any questions or concerns at **(708) 821-6906** or **Franticfeline1@msn.com**

# ZETA PHI BETA SORORITY, INC.

## GREAT LAKES REGION

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#### **SHIPPING INSTRUCTIONS & HANDLING FEES**

If you are sending materials to the hotel, please ship to arrive no earlier than three (3) days prior to the event.

Items must be labeled as follows:

Name of the Group and On-Site Contact of Individual Receiving Materials

c/o The Sheraton Indianapolis Hotel & Suites

8787 Keystone Crossing

Indianapolis, IN 46240

Hold for: Name & Date of Conference

Box(es) \_\_\_\_ of \_\_\_\_ (multiple boxes must be numbered)

Name of Hotel Convention Service Manager (**Kristin Lyons**)

Hotel does not have storage space for crates, pallets, or large shipments. Any materials to be sent to the hotel may arrive no earlier than 3 days prior to Wednesday, April 24, 2013. A handling & storage fee based on weight/size (plus all applicable dates) will be assessed. The mandatory handling and storage fee is retained by the hotel and is not a tip, gratuity, or service charge for employees providing the handling services. Hotel will not be responsible for any loss or damage to materials sent to hotel prior to Wednesday, April 24, 2013.

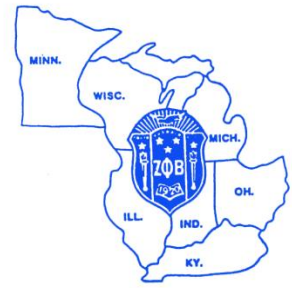
#### **HOTEL ACCOMMODATION**

Conference rate is \$115.00 a night plus tax. Please mention Zeta Phi Beta – Great Lakes Region, code ZPB for the conference rate. There are a limited number of rooms available. You may call the hotel directly at: 317-846-2700.

# ZETA PHI BETA SORORITY, INC.

## GREAT LAKES REGION

### 2013 Regional Leadership Conference



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### 2013 VENDOR REGISTRATION FORM

DATE: \_\_\_\_\_

Please print legibly in the space provided:

Business Name:	
Business Address:	City/State/Zip:
Business Telephone Number:	Business Fax Number:
Business Email Address:	Zeta License Number (if applicable):
Name of Contact Person:	Zeta Membership Number (if applicable):
Contact Person's Mobile Number:	Estimated arrival time for set-up:
<i>(please check all that apply)</i>	
<input type="checkbox"/> Zeta Licensed Vendor <i>(vendor must be licensed by Zeta Phi Beta National Headquarters)</i>	\$400.00
<input type="checkbox"/> Member of Zeta Phi Beta Sorority	\$350.00
<input type="checkbox"/> Non- Zeta Licensed Vendor	\$450.00
<input type="checkbox"/> Additional Table	\$25.00

**Special Instructions:** *(within the control of the Sorority, we have no control over the facility)*

Any refunds will be subject to the terms and conditions of the Refund Policy. Respond by **April 1, 2013**.  
Please mail (2) copies of this form and payment. Please retain a copy for your records.

**Payable to: Zeta Phi Beta Sorority—Great Lakes Region**  
c/o LaDonna Randle, Tamias-Grammateus  
Zeta Phi Beta Sorority – Great Lakes Region  
PO Box 5002 \* Chicago, IL 60680

**DO NOT WRITE BELOW THIS LINE**

Date Received: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Registration # \_\_\_\_\_