

**NHEA & He Au Honua Conferences
March 18-22, 2019**

Vendor Application

Company Name: _____

DBA (if applicable): _____

Contact Person: _____ Phone: _____

Address: _____

City: _____ State/Province: _____

Country: _____

Email: _____

Website: _____

Vendor Information:

Dates: Mon-Fri, March 18-22, 2019

Event Hours: 9:00 am – 6:00 pm

Setup: 8:00 am

Fee: \$150 for 5 days

Location: UH Maui College – Pilina Lounge

Contact: Umi Kai email: ulupono1@gmail.com or
Hökūlani Holt-Padilla email: hhp@hawaii.edu

Checks/Money Orders made **payable to: “NHEA”** with “NHEA & He Au Honua Conference” in the memo section. Application and payment must be received by **March 8, 2019**.

Mail payment to:

Isaiah Ka‘auwai
c/o Kaua‘i Community College
3-1901 Kaumuali‘i Hwy
Līhu‘e, Hawai‘i 96766

Miscellaneous Information:

1. Vendors are selected based on their application and product description. Traditional and/or contemporary Hawaii Made and other “aboriginal: product vendors will have

preference for vendor space. All vendor requests are subject to review and final approval.

2. Vendors must:
 - a. Comply with State and City regulations that includes possessing a GET license.
 - b. GET license must be displayed during operational hours.
 - c. Provide liability insurance that includes "UH-Maui College" as additional insured
 - d. Signage is limited to 3' x 6' or smaller.
 - e. Provide own table covers.
3. Permission must be granted by the contract event manager(s) prior to the event for vendors wishing to share their table to sell projects other than what your application states.
4. 2 tables (6 ft.) & 2 chairs will be provided.
5. Set up no earlier than 8:00 am each day.
6. Due to limited space, please be mindful of your area and stay within designated areas.
7. Vendors are responsible for cleanliness and safety of your own area and to dispose of trash properly.
8. Alcohol, illegal drug and illegal activities are strictly prohibited.
9. Vendors are responsible for all taxes and regulatory requirements.

I have reviewed this document and agree to the terms detailed in this vendor agreement. I confirm that the information provided is correct and to the best of my knowledge. I release NHEA, He Au Honua, University of Hawai'i-Maui College and its affiliates of all liabilities that may incur during the event or anytime related to the vendor event.

Print Name

Signature

Date

<p>For Internal Use</p> <p>Assigned Table # _____</p> <p>Date Application Received _____</p> <p>Date Payment Received _____ check or m.o. # _____</p> <p>Application approved/denied _____</p>
