Celebration of Nations
Application
Cultural Booth/Vendor Application

☐ Student Organization or Association Name: ______________________________________________
☐ Commercial Vendor Name: _____________________________________________________________

Name of the Contact Person: _________________________________________________________________________

Address: ____________________________________________________________________________________

Email (Please include the email of the person that is in-charge): ______________________________________________

Telephone or Mobile Phone Number: ___________________________________________________________________

Nationality/Country Represented (if any): __________________________________________________________________

Will you be serving Food or selling items? If yes, What : __________________________ Cost : ______

Booth/ Vendor Information
Each booth/vendor will be provided with two chairs and 2’ x 6’ table at no charge. Please check if you want the following:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>How Many</th>
</tr>
</thead>
<tbody>
<tr>
<td>DVD/TV/VCR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Board</td>
<td></td>
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<tr>
<td>Black Board</td>
<td></td>
<td></td>
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<tr>
<td>Food Warmer</td>
<td></td>
<td></td>
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<tr>
<td>Extension Cords</td>
<td></td>
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</tbody>
</table>

Booth/Vendor Contract Agreement
I/We agree that the person in-charge will clean after the Celebration of Nations concluded. I/We agree I/We will be responsible party for damage caused. I/We agree that we will return all the equipment taken from the International Student Services/CMU or pay the cost relevant to replace the items. I/We will collect the tickets and submit to International Student Services once the event is concluded and finally I/We will prepare meals according to Health Standards and follow guidelines from Sodexho/Catering at MSUM.

Name of the person in-charge of the Booth/Vendor: ______________________________________________

Signature: ___________________________ Date : ____________________

Additional Information/ Needs. Be very specific.