



MYSTIC ROOTS CONFERENCE

Vendor / Presenter Registration

RR3 Iona Station
Ontario, Canada
N0L 1P0

519-762-2000

Vendor Details:

Company Name: _____

Vendors Permit #: _____ Insurance Policy #: _____

Description: *(for use in our program package 90 words or less, include inventory)*

Advertising:

Link to Website / Email? YES / NO URL: _____

Additional Comments:

Workshop / Presenter Details:

Workshop Title: _____

Description: *(for use in our program package 90 words or less)*

Biography: *(for inclusion in the registration package and pre-festival advertising - 60 words or less)*

Setup Requirements: (please check)

<u>Setup</u>	<u>Difficulty Level</u>	<u>Equipment</u>
Open Area	Beginner	White Board
Chairs in Circle	Intermediate	Table(s)
Lecture	Advanced	Other:
Other:	Practical	Other:

Additional Comments: *(Please include preferred dates and times, special needs, etc.)*