



Hmong Southeast Puavpheej, Inc.

Mai Bee Vue, President
PO Box 1529
Hickory, NC 28603
Phone: (828) 434-0778
Email: info@hmongsoutheastpuavpheej.org

Booth Reservation Application for Event_2022

Name of the Event: _____

Location: 3500 Rocky Ford Road, Newton, NC 28658

NOTE: ONLY allow (1) application per event and (1) application per customer.

**** Check the appropriate event you are applying for:**

Spring Festival: _____ Fall Festival: _____ New Year: _____

Other (Specify): _____

DATE: _____ BOOTH#: _____

BUSINESS OR VENDOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMAIL: _____

PLEASE CHECK ONE (1):

___ FOODS/DRINKS ONLY ___ CLOTHING/JEWELRIES ONLY ___ VIDEO CASSETTES/CD/DVD ONLY

___ TOYS/CRAFTS ONLY ___ PHOTOGRAPHY ___ OTHERS (SPECIFY) _____

BOOTH SPACE: \$ _____ TOTAL BALANCE DUE: \$ _____

PAYMENT TYPE: ___ CASH ___ CASHIER CHECK/MONEY ORDER (**NO PERSONAL CHECK**)

A Joint Effort from the states of North Carolina, South Carolina, Georgia and Florida



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NOTES:

- **ALL Vendor Registration Forms and booth reservation are available online through HSP's website:** _____
- **ALL** Vendor payments are due at the time of making the reservation for the event.
- Make cashier/money order check payable to: **Hmong Southeast Puavpheej, Inc.**
- Mail Registration form and payment to: **PO Box 1529, Hickory, NC 28603.**
- **Cancellation** for any reasons must notify HSP at **least 30 days prior to the event.** **(NO EXCEPTION).**
- **ALL** vendors **MUST** notify HSP, Inc. of changing of address and phone number.
- **ALL** vendors **MUST** close down by **4:00 p.m.** on the last day of the event. **ALL** booths **NEED** to be ready for a walk-through-inspection by HSP's Marketing Coordinators by **5:00 p.m.** **NO EXCEPTIONS!** Everyone will **NEED** to leave HSP's Cultural Park by **6:00 p.m.**
- **I will email/send a copy of this application to HSP's Marketing Coordinator with my FULL booth payments and \$250 secure deposit, in order to reserve my booth for the event, prior to the deadline as required of me.**
- Any questions please contact the Marketing Committee: **Zam Thao Lor @ (828) 430-0970.**

By signing my name below, I have read and agreed to ALL of HSP's Marketing regulations and agreed to comply. HSP has the right to deny my participation as a vendor, if I fail to follow the regulations set by HSP as required.

VENDOR'S SIGNATURE: _____ DATE: _____

Booth number: _____

HSP REP. SIGNATURE: _____ DATE: _____

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