



Hmong Southeast Puavpheej, Inc.

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

Career Fair Registration Form

Location: **3500 Rocky Ford Road, Newton, NC 28658**

NOTE: Allow ONLY (1) application per customer.

CAREER FAIR: _____ OTHER (SPECIFY): _____

DATE: _____ BOOTH#: _____

BUSINESS OR VENDOR NAME: _____

ADDRESS: _____

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CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMAIL: _____

PLEASE CHECK ONE (1):

___ Accounting ___ Engineering ___ Marketing ___ Graphic Design ___ Administration ___ Dentistry

___ Business ___ Teaching ___ Medical ___ Speech ___ Hospitality ___ Banking ___ Nursing

___ Human Resources ___ Social Work ___ Mortgage ___ Higher Education ___ Counseling

___ Manufacturing OTHERS (SPECIFY): _____

BOOTH SPACE: 10 X 10 * DONATIONS ARE ACCEPTED (towards the Cultural Center Project)**

Make your donation payable to: Hmong Southeast Puavpheej, Inc.

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



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DONATION TYPE: _____ CASH _____ CASHIER CHECK/MONEY ORDER

NOTES:

- **Vendors' Registration Forms and booths are available online through HSP's website:**
www.hmongsoutheastpuavpheej.org
- Vendor payments are due at the time of reservation and confirmed by HSP.
- Make cashier/money order check payable to: **Hmong Southeast Puavpheej, Inc.**
- Mail Registration forms and payment to: **PO Box 1529, Hickory, NC 28603.**
- Any **Cancellation** must notify HSP at **least 14 days prior to the event. (NO EXCEPTION).**
- Vendors **MUST** notify HSP, Inc. of changing of address and phone number.
- Vendors are expected to provide their own tent and table(s).
- **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. Everyone will NEED to leave HSP's Cultural Park by 6:30 p.m.**
- **ALL Vendors are expected to clean-up the booth space. NO TRASH should be left behind on the grounds and/or on the booth space when you leave at the end of the day. (NO EXCEPTION).**

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 #: _____

HSP REP. SIGNATURE: _____ DATE: _____

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RELEASE AND WAIVER OF LIABILITY for VENDORS

This Release and Waiver of Liability is executed this ___ day of _____, 2022, by _____ (the "Vendor") in favor of **Hmong Southeast Puavpheej (HSP)** and its directors, officers, employees, volunteers, and agents.

I, the Vendor, hereby freely and voluntarily, without duress, execute this Release under the following terms:

Waiver and Release

I hereby release and forever discharge and hold harmless **Hmong Southeast Puavpheej (HSP)** and its successors and assigns from any and all liability, claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation with the _____ Event and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with **Hmong Southeast Puavpheej (HSP)**.

I understand and acknowledge that this Release discharges **Hmong Southeast Puavpheej (HSP)** from any liability or claim that I may have against **Hmong Southeast Puavpheej (HSP)**, with respect to any bodily or other injury, illness, death, or property damage that may result from my participation. I also understand that **Hmong Southeast Puavpheej (HSP)** does not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage.

I understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, city and/or township. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

Signature Of Vendor

Date

Printed Name Of Vendor

Printed Name Of Business



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