



VENDOR REGISTRATION FORM

2025 Hmong Resource Fair

270 LARPENTEUR AVE. W, ST. PAUL, MN 55113
Saturday, September 27, 2025 from 10am to 2pm

Please Print or Type

Organization/Company _____
Contact Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax _____
Email Address _____ Website _____
Name(s) of staff attending _____

Area of Focus (Check one only)

- | | | |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bank/ Finance | <input type="checkbox"/> Education | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Business | <input type="checkbox"/> Employment | <input type="checkbox"/> Government |
| <input type="checkbox"/> Community | <input type="checkbox"/> Health | <input type="checkbox"/> Other: _____ |

Specify services, products and/or health screening(s) your organization provides for the community:

- ☐ **Non Profit - \$200**

☐ **Government/Higher Ed. - \$250**

☐ **For Profit - \$300**

PAYMENT WITH THIS REGISTRATION FORM IS REQUIRED

EXHIBITOR STATEMENT (Please read the following carefully and sign):

I agree to be an exhibitor at the Hmong Resource Fair on _____. I understand that the non-refundable booth fee provides me with one (1) table and two (2) chairs. I further understand that my payment must be received by the registration deadline in order to confirm my booth space. As an exhibitor, I assume full responsibility for all of my equipment and products, and hold harmless the organizers of the fair. Furthermore, I authorize the Hmong Resource Fair organizers to use the video and photography of my company/organization for public relation purposes. I also understand that the Hmong Resource Fair reserves the right to refuse any exhibitor whose products or services conflict with its mission and principles.

I have carefully read and agree to abide by the above statement:

Authorized signature: _____ Date: _____

Please make check payable to: **Hmong Education & Resources Today (HE&RT)**

For Office Use Only:

Staff _____		Name _____	
		Date _____	
Received _____	Amount _____	of Payment _____	
Confirmation Sent _____	Email _____	Letter _____	Other _____