

Vendor Annual Meeting Registration/Contract Form

Eighth District Vendor / Contract Form

71st Eighth District Annual Meeting

Omega Psi Phi Fraternity, Inc.

April 30 – May 2, 2020 – Waterloo, Iowa 50701

Omega Vendor ID

Company Name

Mailing Address

City

State

Zip

Last Name

First Name

M.I.

Primary Phone:

Secondary Phone:

Email _____

Type of Product to be sold:

Arrival Date _____ Departure Date _____

Terms

In consideration of the license granted to me as described herein to operate as a vendor at the Annual Meeting of the Eighth District of Omega Psi Phi Fraternity, Inc. to be held at the Courtyard Waterloo Cedar Falls, Waterloo, Iowa on April 30 – May 2, 2020, I hereby covenant and agree to:

- Display in a prominent location, the valid license to sell articles with the Omega Psi Phi Fraternity, Inc.'s name, symbols, and/or marks thereon;
- Pay the \$200.00 non-refundable vendor's fee, by certified check, money order or credit card (online only, the price will include the credit card processing fees), prior to arriving at the vending site;
- Refrain from selling or promoting items that are vulgar or indecent, or which depict a canine reference; I understand that the Eighth District of Omega Psi Phi Fraternity will, in its discretion, have the final decision as to what merchandise so qualifies, if any;
- Display and sell products of excellent to superior quality;
- Reasonably price all products;
- Set up and breakdown according to the Schedule of Events;
- Clean up space at the end of each vending day;
- Negotiate directly with the hotel for any needs beyond the basic setup of a table and two chairs; and
- Indemnify and hold harmless the Omega Psi Phi Fraternity, Inc., the Eighth District of the Omega Psi Phi Fraternity, Inc., their employees, agents, parents, subsidiaries, and all persons or entities associated with them of and from any and all actions, claims or demands of any type or nature, including court costs and/or attorney's fees, arising from my operations as a vendor at the Eighth District's Annual Meeting.
- Exhibitor or third party representative shall be fully responsible to pay for any and all damages to property owned by Hotel or Client, their owners or managers, which results from any act or omission of Exhibitor or third party representative. Exhibitor or third party representative agrees to defend, indemnify and hold harmless, Hotel or Client, and their respective owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from their use of the property, including attorney fees and expense. Exhibitor's or third party representative's liability shall include, without limitation, all losses, costs, damages, or expenses arising from or out of or by reason of any conduct, accident, property damage, bodily injury or other occurrences to any person or persons or property, including the Exhibitor or third party representative, its agents, employees, and business invitees, which arise from or out of the Exhibitor's or third party representative's occupancy and use of the exhibition premises, Hotel or any part thereof. Exhibitor or third party representative agrees to provide a certificate of insurance to Hotel, which names the Hotel, its Owner and Manager, and Client as additional insured to their policy.

Electronic Signature Notification

1. By submitting this document it will serve as an Electronic Signature and act as an Electronic Signature Acknowledgment Form. I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time prior to April 23, 2020, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding, or revoke anything within the meaning of this document.

Agreement

I agree to Terms and Electronic Signature Notification

Booths: \$200.00 per booth

1 2 3

Registration Fee:

Grand Total Registration Fees \$

Credit Card Holder Name

Card Number

MM/YY

CVC

Submit Form