



# Samara Community Education Conference and Resource Fair

"Soar with your strengths. Grow from your challenges"

## Vendor Application

Welcome to the first annual Samara Learning Center Community Education Conference and Resource Fair. We are thrilled to have partnered with TRACES to offer this trauma informed conference aimed to benefit families as well as professionals. To achieve our mission of providing education, knowledge, and usable tools to Central Oregon families we are seeking scholarships that will enable those with financial barriers to attend this conference which they may not have otherwise been able to afford. Additionally, we are collecting items for raffle prizes and baskets. If you, or your organization, can contribute scholarships, donations, or are interested in becoming a title sponsor (see the chart on next page) please fill out the below application and return to us at the email addresses below. If you have any questions please contact:

- For Title Sponsorship level: 541-419-3324 or [info@samaralearningcenter.org](mailto:info@samaralearningcenter.org)
- General information, general sponsorships, and raffle donations: Kristen. 651-398-0204 or [kristen.m.kaul@gmail.com](mailto:kristen.m.kaul@gmail.com)

**PLEASE SEND VENDOR APPLICATION TO: Samara Learning Center, 230 NE 9th St., Bend, OR 97701 or email to [info@samaralearningcenter.org](mailto:info@samaralearningcenter.org)**

The Vendor fair will be held at the St. Charles Hospital Conference Center on Saturday, March 16, 2019 from 12:30pm-4:00pm.

**Spaces are limited!** Please note that this is an informational vendor fair and private sales will not be permitted.

Name: \_\_\_\_\_ email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Vendor Package \_\_\_\_\_ Booth Price \$ \_\_\_\_\_ Sponsorship Price (optional) \$ \_\_\_\_\_

Vendor and sponsor package options listed on next page. Once we receive and approve your application an invoice will be sent to you. Payment must be made within 5 business days from the date of invoice to hold your vendor space. Payment options include check, cash, debit/credit card.

Would you like to contribute a raffle item?      Y      N

If yes, what will you contribute? \_\_\_\_\_ What is the item value? \_\_\_\_\_

Would you like a receipt for your donation?      Y      N

**RAFFLE ITEMS ARE DUE BY MARCH 1ST**

Vendor Package Options					
Sponsor Benefit	Title Sponsor	Tier 2	Tier 3	Tier 4	Basic
	\$550+	Booth price & \$350+ in sponsorship	Booth price & \$175+ in sponsorship	Booth price & \$70+ in sponsorship	\$75 for a booth (\$50 for non profit), no sponsorship
Public Announcement at event opening	x	x	x	x	
Name on event banner	x	x			
Name on back of event schedule	x	x	x	x	
Logo on back event schedule	x	x			
Sponsor Sticker for booth	x	x	x	x	
Preferential booth location	x	x			
Logo projected during vendor fair	x	x	x	x	x
Logo projected before keynote speaker on stage	x	x	x		
Logo on marketing & advertising materials	x				
Name announced during radio marketing	x				