

• **SHERYL P. UNDERWOOD**
International Grand Basileus

• **ALICE F. CRAFT**
Great Lakes Region Director

• **RENEE S. BYRD**
IL State Director/Ways & Means Chair



76TH GREAT LAKES REGION CONFERENCE • LOUISVILLE, KENTUCKY

February 2010

Dear Vendor:

Zeta Phi Beta Sorority, Inc., will be hosting its **76th Annual Great Lakes Regional Leadership Conference** themed: **“A Room Full of Generations: Vanilla, Cinnamon and Dark Chocolate Brown”** at the Hyatt Regency Louisville on the weekend of **May 27-30, 2010**. We are looking forward to full days of learning, networking and shopping!

<u>CATEGORY</u>	<u>APPLICATION FEE</u>
<input type="checkbox"/> Zeta National Licensed Vendor	\$350.00
<input type="checkbox"/> Zeta Phi Beta Sorority, Inc. Member	\$350.00
<input type="checkbox"/> Non-Zeta National Licensed Vendor	\$450.00

▪ **Additional Information:**

- Fees include One Table and Two Chairs per Vendor Space.
- Additional tables are \$25.00.
- Licensed Vendors must be approved by Zeta Phi Beta Sorority, Inc. National Headquarters. The Zeta Licensed Vendor Number will be required upon submission of the application.
- Vendor display days will be Friday - May 28th and Saturday - May 29th.
 - Hours will be determined based on hotel requirements.
- The required form of payment is a cashier's check or money order.

NOTE: The deadline for vendor application submission is **Saturday, May 15, 2010**.

Please respond by May 15, 2010 by sending the enclosed form with your registration c/o:

Mail form and payment to: Zeta Phi Beta Sorority, Inc.
c/o Renee S. Byrd
PO BOX 167211
Chicago, IL 60616-7211

Your reservation will be confirmed upon receipt of your completed form and registration fee. Your confirmation will include the exact location of vending. In the event that the form and payment arrive after the capacity has been filled, the form, as well as, your non-deposited check will be forward back to you immediately upon receipt. Feel free to contact me, Renee Byrd with any questions or concerns at 312-401-3880.

DEADLINE FOR PAYMENT IS FRIDAY: MAY 15, 2010 – NO EXCEPTIONS!

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2010 VENDOR REGISTRATION FORM

DATE: _____

Please print legibly in the space provided:

Business Name:	
Business Address:	City/State/Zip:
Business Telephone Number:	Business Fax Number:
Business Email Address:	Zeta License Number (if applicable):
Name of Contact Person:	Zeta Membership Number (if applicable):
Contact Person's Mobile Number:	Estimated arrival time for set-up:
<i>(please check all that apply)</i>	
<input type="checkbox"/> Zeta Licensed Vendor	\$350.00
<i>(vendor must be licensed by Zeta Phi Beta National Headquarters)</i>	
<input type="checkbox"/> Zeta Phi Beta Sorority Member	\$350.00
<input type="checkbox"/> Non- Zeta Licensed Vendor	\$450.00
<input type="checkbox"/> Additional Table	\$25.00
Total amount enclosed for order: \$ _____	

Special Instructions: *(within the control of the Sorority, we have no control over the facility)*

****Any refunds will be subject to the terms and conditions of the Refund Policy.**

Please response by May 15, 2010 by sending the enclosed form with your registration in c/o:

**Mail form and cashier's check/MO to: Zeta Phi Beta Sorority, Inc. – Great Lakes Region
c/o Renee S. Byrd - PO BOX 167211 - Chicago, IL 60616-7211**

DO NOT WRITE BELOW THIS LINE

Date Received: _____ **Amount \$** _____ **Registration #** _____