Vendor/Artist Registration Form Sept. 25-27, 2020
2020 International UFO Symposium sponsored by MUFON
JW Marriott Las Vegas Resort & Spa, Las Vegas NV 89145
Vendors pay $300 per table for the 3-day event or consign for 20 %
(Consignment Availability is Limited - First Come First Served)

1. MUFON reserves the right of a final approval of any vendor
2. The Vendor room is locked Friday and Saturday night. We suggest vendors bring a sheet to cover their merchandise each night. Otherwise, both areas are free and open to the public during the Symposium
3. Vendors MUST CONTACT THE HOTEL PRIOR TO THE SYMPOSIUM for internet connection, electrical outlets, and pricing. These are handled directly by the hotel. Contact is below:

   Joe Santo
   702-869-7050
   jgsanto@psav.com

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I enclose (total)_____ for _____ vendor table(s) @ $300 per table  □
I want MUFON to sell my books, art or goods (20% commission to MUFON) □

Name(s) _____________________________________________________________

Company __________________________________________________________________________

Company website_______________________________________________________________

Selling product/Services___________________________________________________________

Address __________________________________________________________________________

Email: _________________________________ Phone number: __________________________
To Mail registration form & check - make check payable to MUFON, Inc. and send to:

**Symposium Vendor**
MUFON, Inc.
18023 Sky Park Circle, Suite F2
Irvine, CA 92614

Thank you for participating as a vendor/artist at the 2020 MUFON Symposium. We look forward to hosting a successful event for you, our guests, and the MUFON family. Sorry - no refunds after Sep 1, 2020.

**Questions?** Contact MUFON HQ: 949-476-8366 or hq@mufon.com

1. Only the merchandise and/or services you listed on your Registration Form may be offered at your tables. Tables may not be sub-let without Symposium approval.


3. Tables are 6 feet long (unless otherwise specified), and come with a tablecloth and 2 chairs.

4. Signs MAY NOT be attached to the walls or ceiling.

5. No Smoking or burning of incense is allowed in the Vendor Room, Lecture Hall, or Registration area.

6. To help keep noise to a tolerable level, please keep all equipment volumes to a low level.

7. Unattended tables are the responsibility of the Vendor. **Pre-price Consigned items to include tax and please round up to a full dollar as we will not carry any coin change.**

8. Vendors are required to be set up and open for business during all hours when the Vendor Room is open to the public. If a vendor fails to remain open or refuses to close during these times, this agreement may be terminated immediately and no refunds will be issued.

9. The Vendor Room is locked during the night. Hotel Security checks the rooms at regular intervals. We will make every effort to maintain security throughout the event; however, we will not accept responsibility for any lost, stolen or damaged property. Once the Vendor Room is closed for the evening, Vendors will not be allowed to re-enter the room.

10. Vendors are solely responsible for proper tax certificates and business licensing. Vendors should register with the State of Nevada Tax Department and display their Tax Certificate with Tax ID Number. More information can be found at:

   http://business.nv.gov/Resource_Center/Licensing/Permits/

**Vendor Room Schedule:**

<table>
<thead>
<tr>
<th>Open to the public:</th>
<th>Set-up is Friday, Sept. 25, 8 a.m. - 11 a.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, Sept. 25</td>
<td>12:00 p.m. – 6:30 p.m.</td>
</tr>
<tr>
<td>Saturday, Sept. 26</td>
<td>8:00 a.m. – 6:30 p.m.</td>
</tr>
<tr>
<td>Sunday Sept. 27 19</td>
<td>8:00 a.m. – 4:30 p.m.</td>
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I hereby acknowledge that I have read and understand the above Vendor/Artist Program, and agree to these terms and conditions to participate as a Vendor/Artist at the 2020 International Symposium sponsored by MUFON

______________________________    ________________________________    ________________________________    ________________________________
Date                                      Signature                                      Print Signer’s Name                                      Company Name