



Helping grieving parents and families rebuild their lives after the death of a child

www.bereavedparentsusa.org

VENDOR APPLICATION FORM

Please complete form and email to: BPUSAGatheringChair@gmail.com & BPUSAboard1@gmail.com

- Space will be granted in the order your vendor application form is received and approved by the Gathering Vendor Committee. Any questions? Please contact Vendor Chair **Barbara Dietrich at 813-340-9120**.
- Your product/information should be of direct interest to bereaved families, i.e. memorial jewelry, angels, butterflies, literature pertaining to grief and loss, etc.
- If planning on attending conference activities, Vendors should register for the conference. <https://www.bereavedparentsusa.org/annual-conference/registration-forms/>
- Fee per table is \$50 (January 1 - May 31); \$75 (June 1 - June 30); \$100 (after July 1), payable within 15 days after notification of approval by the Vendor Chair, to BPUSA and mailed to Charlotte Jackson, BPUSA Treasurer, 34 Parish Lane, Lake Katrine, NY 12449. (845-336-7654)
- Approved vendors will receive a complimentary business card ad in our Gathering Program. Please include your business card.

Business/Organization: _____

Contact Name: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip code: _____

Email address: _____

Website: _____

Do you need electrical access for your table?* Yes No

**Requests for electrical outlet access should be made, but we cannot guarantee access.*

Number of people staffing your vendor table: _____

Product Information: (Please provide a brief description about your product. This information may be used to determine vendor space and/or marketing for the conference.)

Signature: _____ Date: _____