

INDIAN HEALTH CENTER OF SANTA CLARA VALLEY INC.

Main Office
1333 Meridian Avenue
San Jose, CA 95125

(408) 445-3400

www.indianhealthcenter.org

Wellness Center
602 E. Santa Clara St
San Jose, CA 95112

VENDOR APPLICATION

Company: _____

Organization Name: _____

Contact Person: _____

Tribal Affiliation: _____

Mailing Address: _____

Phone number _____ e-mail: _____

Website (if available) _____

Vendor Booth: (Please Check One)

- Information Booth – Free
- Booth (10 x 10) - \$75
- Booth (10x20) - \$125

Sellers Permit #: _____

We welcome a donated item from Vendors to use in our raffle.

Proceeds benefit the Dance contest.

Please describe the items to be displayed and or sold at your booth:

**** Power Will Not Be Provided for any of the Booths ****

Fax Form to: (408) 998-8070

Send completed Vendor Application to: Marleta Charleson – 602 E. Santa Clara St., Ste 230
San Jose, CA 95112

Make Check or Money order Payable to: Indian Health Center of Santa Clara (HSPW)