7th Annual Traditional Agriculture & Sustainable Living Conference

Call for Vendors

Our mission for this symposium is to bridge cultural understanding between traditional and modern ways, cultivating and applying food and medicinal plant knowledge in order to respectfully forge a sustainable bond of culture and tradition with sane, ecological policy for our families, our communities, the Earth and all her future generations.

Where: Northern New Mexico College, Espanola, New Mexico

When: Friday & Saturday, October 12th & 13th, 2012

- Booth spaces 10’ x 10’ $50 Includes one 8 ft table and two chairs. These are INSIDE spaces. Exhibitors who wish to set up outside will need to bring their own shade.

Booths are available for non-profits, and information dissemination free of charge. A donation is requested for raffle, and booths depending on available space.

For more information contact:

Lorraine Gray, fourbridges.@live.com, (cell) 518-332-3156

Mail registration form along with check made payable to Four Bridges to:

Four Bridges Traveling Permaculture Institute
P.O. Box 787
Santa Cruz, NM 87567
Vendor/Exhibitor Registration Form
(Vendors who register by October 1, 2011 will be listed on our website, and in our printed program)

Business Name: ________________________________
Registra’s Name: ________________________________
Address: __________________________________________
State:_______________ Zip:______________________
Phone:__________________________________________
Fax:________________________________________
E-mail: __________________________________________

What is your product or service and how does it reflect or support our Mission Statement.
____________________________________________________________________

❑ 10’ x 10’ $50 (inside) Each vendor registration includes attendance for registrant and one guest to the symposium. Additional person: ________________________________

Fee enclosed: $ __________________

❑ I would like an outside space
❑ I need an electrical outlet
❑ I need a wall behind me
❑ Non-Profit Organization

Name_________________________________________ Contact Person