

VENDOR AGREEMENT - KANSAS SAFETY AND HEALTH CONFERENCE

K-ISH 303 (Rev. 01-26)

MAIL: Kansas Department of Labor
Division of Industrial Safety and Health
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COMPANY INFORMATION

Company name: _____

Represented by: *(List names as they should appear on a name tag - limit of three name tags).*

Address: _____ City: _____ State: _____ ZIP _____

Contact person: _____ Phone: _____

Email: _____ How many years has your company attended? _____

Booth ID sign should read: _____

BOOTH INFORMATION

Booth includes meal tickets for three booth workers each day, one 6' table and (2) chairs. See *Vendor Policy and Procedures* for more information.

Booth Space Choice

(Use the attached map for booth numbers).

1st choice 2nd choice 3rd choice

SPONSORSHIP OPPORTUNITIES:

Contact dena.ackors@ks.gov, tammy.s.adams@ks.gov or thadley@isienvironmental.com
See Conference Sponsorships for explanation of benefits.

SELLING OF PRODUCTS/SERVICES AT CONFERENCE

Direct cash/credit card sales at your booth are allowed. Will you be making direct sales (collecting payments)?
Please submit your W-9 and Certificate of Tax Clearance 60 days prior to conference <https://www.ksrevenue.org/TAXCLEARANCE.HTML>

YES NO

Early Bird Booth (Before June 1)		@		per booth	
Booth (After June 1)		@		per booth	
Electrical outlets		@		each	
4' tables		@		each	
Additional 6'		@		each	
TOTAL AMOUNT					

Special needs: _____

PAYMENT OPTIONS - payable to the Kansas Safety and Health Conference: (check one)

16-digit credit card number (15 for American Express):

Expiration date: MM YY CVV:

VISA MasterCard American Express Discover

A 2.5% service charge is added to the total amount of purchase made by credit card.
You will receive a KanPay receipt of payment.

**NOTE: KDOL uses KanPay to process credit card payments for security purposes.

Check/Money Order (KDOL FEIN is 48-6029925) State of Kansas Interfund Voucher (KDOL Agency number is 296-000000-00)

Name on Credit Card:

Is address on the card the same as above? YES NO

If NO, enter address below:

Address: _____

City _____ State _____ ZIP _____

CERTIFICATION: We agree to the conditions set forth in the Vendor Policy and Procedures which forms part of this contract.

Printed name: _____ Title: _____

Signature: _____ Date: _____