



## “It’s Time To Heal” Table Vendors

DoubleTree by Hilton – Overland Park, KS  
10100 College Blvd, Overland Park, KS 66210

### **ATTENDEE DEMOGRAPHICS:**

This conference is projected to be sold out with a maximum capacity of 200 people. Our attendees will be women from all walks of life, race and social-economic backgrounds, ages 18 and older.

### **VENDING TIME TABLE:**

Attendees will have ample time to visit with all vendors including the times listed below:

#### **Friday, October 25, 2019**

6:00pm – 7:00pm  
9:30pm – Until

#### **Saturday, October 26, 2019**

8:00am -9:00am  
Two 15 Minutes Breaks  
45 Minute Lunch Break  
3:00pm – 5:00pm

### **TABLE COSTS:**

Tables are \$160.00 each and include **one 6ft table – black table cloth, two chairs and (1) admittance to the conference which includes lunch.**

### **SET-UP AND TEAR DOWN SPECIFICS:**

Tables will be set up in visible conference space in the foyer. The doors for setting up will be open at **5:00pm on Friday, October 25, 2019**. All valuable items should be stored overnight in the locked main auditorium. We will not be responsible for any stolen, lost, broken or damaged materials related to your vendor booth. All vendor tables must be completely **disassembled by 5:00 pm on Saturday, October 26, 2019**.

### **DEADLINES**

Booths spaces are limited and available on a first come first serve basis. **Entry deadlines are September 1, 2019 at 12:00PM CST.**

Final attendance counts will be emailed to all vendors by **Monday, October 21, 2019**.

There will be no refunds and all monies must be submitted with entry form to secure your space. A confirmation and receipt will be sent to the email address provided on your entry form.

### **PAYMENT:**

To pay online with a credit/debit card please visit:

<https://squareup.com/store/beencouraged/item/vendor-table>

To pay by check, make check payable to INTEGRITY DESIGNS, LLC  
Mailing Address: 12734 New Jersey Court, Kansas City, KS - 66109

# It's Time To Heal Women's Conference 2019 Vendor Form

*(Please print, complete and return this portion)*

**Business Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Items Selling:** \_\_\_\_\_

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## **Payment Options:**

**Pay Online At:** <https://squareup.com/store/beencouraged/item/vendor-table>

### **Credit Card:**

**Card Number:** \_\_\_\_\_ **Exp:** \_\_\_\_/\_\_\_\_

**3-Digit Security Code:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

### **Check/Money Order:**

**Please make payable to Integrity Designs, LLC**

### **E-MAIL:**

info@itthkc.com

### **MAIL:**

Integrity Designs, LLC  
Attention: ITTH  
12734 New Jersey Court  
Kansas City, KS 66109