

2026 AREA WIDE TRIBAL BEHAVIORAL HEALTH CONFERENCE

NATIVE ARTIST VENDOR APPLICATION

Contact Name: _____

Tribal Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

What will you be selling at your booth? _____

Do you need power for your booth? _____

Do you have any dietary restrictions? _____

Do you need any accommodations? _____

A \$200 vendor table fee is required. Each vendor will have two tables. Food will be provided (maximum of 2 per table).

Payment Method:

Check is enclosed

Invoice needed

Return completed form to:
Cowlitz Indian Tribe BH
900 Fir St.
Longview, WA 98632

OR

Email completed form to:
BHconference@cowlitz.org

***Deadline August 14, 2026**



Contact us:
BHconference@cowlitz.org