

2026 AREA WIDE TRIBAL BEHAVIORAL HEALTH CONFERENCE

NON-PROFIT AND GOVERNMENT AGENCY VENDOR APPLICATION

Organization/ Agency Name: _____

Primary Contact: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

What services or resources will you be promoting at the event?

To help offset event food costs, a \$200 vendor table fee is required (maximum of 2 representatives 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**