



OWN, SCALE-UP & SUSTAIN

The 16th International Conference on AIDS & STIs in Africa

LOCAL VENDOR'S REQUEST FORM

Form I –Vendor's Request

Vendor (Organization/ Company Name): _____

Vendor Type:

- Cafes & Water Point Arts & Crafts Local NGOs Other _____

Product Description/Item to be Sold:

Principal/ Organization's Contact Person:

First Name: _____ Family Name: _____

Position: _____

Address: _____

City: _____ Country: _____

Telephone: _____ Fax: _____

Email : _____ Website: _____

Vendor's Space Package: 2 Tables and 2 chairs

Additional space may be acquired by vendors with extra payment and upon availability of space.

Additional Item(s) Required by Vendor: _____

Cost:

	Types of Local Vendors	Number of Days	Total Cost (ETB)
1	Arts and Crafts	5 (Dec 4 th – Dec 8 th)	2,000.00

Vendors must provide valid Registration Certificate, TIN Certificate, and Renewed Trade License. All vendors accept full and exclusive liability for all taxes paid to the government.

I have read the Terms and Conditions, and I am aware that the ICASA 2011 Organizers have the final right in accepting Vendor's request. Please note that, the space will be allocated on first-come, first-served bases.

Signed (on behalf of the organization):

Name of Company/ Organization _____

Date: _____ Signature: _____

***Submit a completed request form and copies of the required documents at the ICASA 2011 Secretariat
Kirkos Sub City, Africa Avenue Dembel City Center, 8th floor***