



# SRI LANKA FOUNDATION

## Retail Vendor Application

Please fill all details and email/mail/fax the application. Checks to be made payable to "Sri Lanka Foundation"

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

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

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

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip code : \_\_\_\_\_

Phone Number : \_\_\_\_\_ Fax Number : \_\_\_\_\_

Email Address : \_\_\_\_\_

Have you participated in the Sri Lanka Day in the past?

Yes  No

Please provide complete details of items you intend to sell. Please use a separate sheet if necessary.

I will be selling \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please select one of the following:

- Non Profit Organization: \$400  
You must show proof of non-profit status to qualify for non-profit rate.
- Other Organizations/Businesses \$500

Booths are given on a first-come-first served basis. I wish to reserve booth # \_\_\_\_\_  
(please specify booth number here as shown in retail booth map) with my payment.



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Please choose your method of payment

I am sending check# \_\_\_\_\_ in the amount of \$100 as a non-refundable fee for the reservation of Booth # \_\_\_\_\_ OR Full payment for booth# \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ to Sri Lanka Foundation for Sri Lanka Day Expo 2015.

I want to make payment in the amount of \$ \_\_\_\_\_ as a balance payment for booth/s # \_\_\_\_\_ OR Full/Balance payment for booth/s # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ with Paypal.  
Visit Pay.SLF.LA

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please mail, fax or e-mail completed form and payment to:

**Address:** Sri Lanka Foundation  
1930 Wilshire Blvd. Suite 1100  
Los Angeles, CA 90057

**E-mail:** shirani@srilankafoundation.org

**Tel:** (213) 483-0126

**Fax:** (213) 413-1233