

If yes, please provide all vendor companies, contact information and phone numbers on the attached vendor sheet.*)

(* Please refer to the Arboretum's approved vendors list and submit a USNA Vendor Contact List

13. Will permission be requested to serve alcoholic beverages? Yes _____ No _____

Signature of applicant _____ Date _____

| | | | |
|-------------------------|----------------|--------------|------------|
| FOR OFFICE USE ONLY | | | |
| Recommended Approval | Yes ___ No ___ | Reason _____ | Date _____ |
| Signature _____ | | Title _____ | Date _____ |
| Department/Agency _____ | | | |
| Signature _____ | | Title _____ | Date _____ |

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0518-0024. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. NATIONAL ARBORETUM

REQUEST for USE of ARBORETUM FACILITIES
APPLICATION and AGREEMENT
VENDOR CONTACT LIST

PLEASE NOTE: All organizations and individuals holding events on the grounds of the U.S. National Arboretum are required to use vendors that are approved by the U.S. National Arboretum. A list of approved vendors is attached for your reference.

The vendor contact list must be completed and submitted to the Special Events office no less than 14 calendar days prior to the event date. Failure to provide this information may result in the cancellation of the event and forfeiture of the event deposit.

1. Organization: _____

2. Mailing Address: _____

3. Telephone: _____

4. Organization Representative: _____

5. Telephone: Home _____ Work _____ Fax _____

Vendor Contact Information

1. Caterer _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery: _____

2. Tent: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery/set-up: _____

Date and time tent will be disassembled and removed: _____

3. Tables/ chairs: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery/set-up: _____

Date and time tables and chairs will be removed: _____

Vendor Contact Information
Page Two

4. Audio-Visual: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery: _____

5. Portable toilets: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery/set-up: _____

Date and time portable toilets will be removed: _____

6. Lighting: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery/set-up: _____

Date and time equipment will be removed: _____

7. Additional Vendors: _____

Mailing Address: _____

Telephone: _____

Organization Representative: _____

Date and time of delivery/set-up: _____

Date and time equipment will be removed: _____

U.S. Department of Agriculture, Agricultural Research Service

U.S. National Arboretum

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