

CALIFORNIA FEDERATION OF MINERALOGICAL SOCIETIES
Vendors Insurance Program for Club and Society Special Events

Participating Vendor List

Club Name: _____ **Event Dates:** _____

#	Print FULL NAME BUSINESS/ORGANIZATION NAME	PRODUCT/GOODS SOLD & SERVICES OFFERED	FULL ADDRESS City, State, Zip	PHONE # / EMAIL ADDRESS

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McDaniel Insurance Services

Date: _____

CA DOI#0820481

206 North Signal, Suite 'O', P. O. Box 1294, Ojai, California 93024
 Tel: 800.400.7288, 805.646.9948, Fax: 805.646.9976 Email: mcins@west.net