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EVENT VENDOR APPLICATION FORM

EVENT INFORMATION

EVENI IIILE	REGISTRATION DEADLINE DATE				
EVENT LOCATION NA	ME		EVENT DATE(S)		
EVENT ADDRESS			ACCEPT/REJECT NOTIFICATION DATE		
PHONE	FAX	EVENT MANAGEMENT POINT OF CONTACT EMAIL			
EVENT ID. if applicable		EVENT WEBSITE			
EVENT SCHEDULE		/=\	202 4045 045		
VENDOR MOVE-IN		EVENT HOURS	VENDOR MOVE-OUT		
EVENT DESCRIPTION	NC				
VENDOR SPACE I	NIEODAAATIONI				
SIZE OF VENDOR SPACE		BASE	COST		
WHAT WE PROVIDE		WHAT VENDOR WILL NEED TO PROVIDE	AVAIL	ABLE FOR A FEE	
			1		

ADDITIONAL INFORMATION REGARDING EVENT SPACE AND AMENITIES						
BASE FEE AND AD		I ITENA EEE E	DAVAENIT	INIEODAAATIONI		
DASETEL AND AD	אוטווטוי	AL IILIVI I LL I	ATMENT	INIORMATION		
	1 105 (* 05.00				
FEE INFORMATION			per refurne	d check.		
FEE AMOUNT	MADE PA	YABLE TO				
PAYMENT METHOD	T METHOD CHECK			MONEY ORDER	CREDIT CARD	
NAME ON CARD				CREDIT CARD NUMBER	EXP. DATE	SECURITY CODE
VENDOR INFORMATION VENDOR NAME					REGISTRATION	SUBMISSION DATE
ADDRESS						
PHONE	FAX		EMAIL			
VENDOR ID. if applicable WEBSIT			WEBSITE			
тарисанс			WEDSHE			
VENDOR DESCRIF	IION					

CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.

NAME	TITLE
SIGNATURE	DATE
COMPLETED FORM SUBMISSION PROC	CESS
CANCELATION TERMS / FEES	

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