

VENDOR APPLICATION FORM
(PLEASE PRINT VERY CLEAR AND LEGIBLE)

Fee: **\$75.00** (flat rate, insurance included)

NAME OF COMPANY: _____

YOUR NAME: _____ TITLE: _____

MAILING ADDRESS: _____ CITY _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____ YOUR NATIONALITY: _____

BRIFELY DESCRIBE THE SERVICE(S) OR PRODUCT(S) YOUR COMPANY PROVIDES:

LIST OR STATE ANY SPECIAL EQUIPMENT THAT YOUR COMPANY WILL NEED OR USE AT THIS EVENT

Mail your application form to the above address, with your check or money order payable to: **ACF**

Disclaimer: All payments must be paid in full, and are NON REFUNDABLE. As much as we are promoting our event to draw many participants, we shall not guarantee any sales to any vendor nor give a quote of number of participants that will attend our event. By signing below, you have agreed to compile with our disclaimer.

AUTHORIZED SIGNATURE

DATE

NAME AND TITLE