|  |
| --- |
|  EXHIBITOR/VENDOR APPLICATION |



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

 Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Exhibition Space Requirements:**

 (1) 8ft. Skirted Table (2) Chairs (1) Booth Sign Business Listing on the Program

 Booth Size & Cost 🞎 8’ x 4’ $50.00 \_\_\_\_\_\_\_\_\_\_\_\_

 🞎 16’ x 8’ $100.00 \_\_\_\_\_\_\_\_\_\_\_\_

 🞎 Other space requirements \_\_\_\_\_\_\_\_\_\_\_\_

 Total \_\_\_\_\_\_\_\_\_\_\_\_

 **Additional booth requirements:**

 Item  Cost Total

 Electricity $10.00 \_\_\_\_\_\_\_

 \*Additional booth requirements and advertisement on the Program to be priced upon request

 \* ***No alcohol or any beverage items are allowed to be sold during the event***

 TOTAL booth costs: $\_\_\_\_\_\_\_\_

 Total Due\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid by Check / Cash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I agree that the undersigned is responsible for payment of this financial agreement in full no later than

 January 20, 2014 in exchange the Colorado Springs Chinese Cultural Institute (CSCCI) agrees to provide the

 service outlined to the exhibitor/vendor.

 Signature of the Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CSCCI

P.O. Box 2625

Colorado Springs, CO 80901

Tel: (719) 287-7624

 Please return to: