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| --- |
|  EXHIBITOR/VENDOR APPLICATION |



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

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

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

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

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

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

 **Exhibition Space Requirements:**

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

 Booth Size & Cost 🞎 One 8’ x 4’ $70.00 \_\_\_\_\_\_\_\_\_\_\_

 🞎 Two 8’ x 4’ $120.00 \_\_\_\_\_\_\_\_\_\_\_

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

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

 **\*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 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 10, 2020 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please return with your payment to: CSCCI

 P O Box 2625

 Colorado Springs, CO 80901

 Tel: (719) 287-7624

 Or, register and pay online at [www.cscci.org](http://www.cscci.org)

 **Contact information: 719-287-7624 email: mali.cscci@gmail.com**