VENDOR REGISTRATION FORM

VENDOR INFORMATION

Name   _____

Company Name_____

<mark>MEMBER   YES   NO   PLEASE CHOOSE PROPER PRICING</mark>

Mailing Address_____

Email   _____

Telephone   _____

PREFERRED BOOTH LOCATIONS

FIRST CHOICE BOOTH NUMBER   _____   COST:_____

SECOND CHOICE BOOTH NUMBER   _____   COST:_____

THIRD CHOICE BOOTH NUMBER   _____   COST:_____

ELECTRICITY NEEDED   YES   NO

TWO BADGES FOR EACH BOOTH

Name_____

Name_____

ADDITIONAL BADGES @ $15 PER PERSON

Name_____

Name_____

Name_____

Name_____

<mark>**AMOUNT ENCLOSED OR TO BE CHARGED BELOW $_____**</mark>

VISA   M/C   DISCOVER   AM/EX

NUMBER _____ **SECURITY CODE_____**

EXP   _____/_____   NAME ON CARD _____

RETURN TO CCLA, 10 MAIN STREEET, SECOND FLOOR, COTUIT, MA 02635