

REGISTRATION FORM



Final Vendor registration deadline 2/13/19 • 50% deposit required at registration
Full balance due 3/8/19

Mail form to: Alison Rollins,
c/o The Recorder, 14 Hope Street, Greenfield, MA 01301
Scan and email form to: **Alison Rollins at recorderevents@recorder.com**

Contact Name _____

Business/Organization Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____ Facebook _____

Website _____

Onsite Contact Person and Cell _____

INDICATE YOUR PARTICIPATION LEVEL

Presenting Sponsor _____ Premiere Sponsor _____

Gold Exhibitor _____ Silver Exhibitor _____ Bronze Exhibitor _____

Placement will be made with our discretion and choice availability

Premium space location available for an additional fee of \$50.00 - see attached for more

TOTAL COST OF BOOTH

\$ _____ (Booth Cost) + \$ _____ (\$12 Per additional Table) + \$ _____ (\$2 Per additional Chair) + \$ _____
(Premium Space) = _____ \$ (Total Due)

Once your registration form is received, a contract, booth assignment, additional opportunities at the Show, final exhibitor info and any additional information or updates will be provided.

METHOD OF PAYMENT:

Check (Make payable to The Recorder) Check # _____

MasterCard Visa American Express Discover Card

Card Number _____

Expiration Date ____/____/____

CCV code (3 digit code, back of card) _____

Name on Card _____

Billing address _____

Zip code _____

Signature _____

Date ____/____/____



ALL PAYMENTS DUE PRIOR TO SHOW ENTRY