

# Festival of Lights 2010 Vendor Contract

Name of Club or Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Fax: \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Booth Spaces needed \_\_\_\_\_

Dates you will attend this event: Sept. 2 \_\_\_\_\_ Sept. 9 \_\_\_\_\_ Sept. 16 \_\_\_\_\_ Sept. 23 \_\_\_\_\_ Sept. 30 (rain date only)  
**(Fee is per night)**

Describe what your booth will be presenting (be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Electricity (one outlet only—no strips) Yes \_\_\_\_\_ No \_\_\_\_\_

**Booth fee is \$15 per night for Chamber members; \$20 per night for non-Chamber members**

**Amount Enclosed \$** \_\_\_\_\_ **Signature** \_\_\_\_\_

How should we contact you with your booth location?

e-mail \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_

Make checks payable to and return to: **Boonville Area Chamber of Commerce**  
**320 First Street**  
**Boonville, MO 65233**

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Check received on \_\_\_\_\_ for \$ \_\_\_\_\_ by \_\_\_\_\_

Booth Number \_\_\_\_\_