

Registration Form for the Davison Area Chamber of Commerce Community EXPO ~ March 10, 2012

Business / Organization: _____

(Please Print)

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Contact Person: _____

Number of Booths _____ @ \$110.00 Members / \$175.00 Non-Members \$ _____

Civic Groups & Churches \$25.00 (booth may be located in the hall) \$ _____

Business Card Size Advertising in Program available for \$35.00 \$ _____

Booths with electricity access is available for an additional \$25.00 \$ _____

(Electricity spaces are limited and will be filled on a first come basis) **TOTAL** \$ _____

Please note the deadline for reserving a booth is Friday at 3:00PM on 02/24/12

Rules for 2012 Community EXPO

- ❖ Set up time will be available between 6:00PM ~ 7:30PM on Friday March 9th and 8:30AM-9:30AM Saturday March 10th
- ❖ Each booth will be provided with one skirted table and two chairs.
- ❖ Vendors requiring electricity must provide their own industrial extension cord.
- ❖ Vendors reserving a booth must arrive by 9:45AM the day of the Expo and ready to receive patrons at 10:00AM.
- ❖ Vendors **MUST** have someone representing their booth at ALL times.
- ❖ ALL vendors must stay open during the allocated times **NO take down or removal of items are permitted during the EXPO hours of operation 10:00AM ~ 3:00PM.**
- ❖ Vendors shall display products and materials only within their assigned area, NO obstacles are allowed on the pathway of pedestrians.
- ❖ All vendors are responsible for the clean-up in your area at the end of EXPO.

Agreement of Compliance

I, _____, have read and am fully aware of the Davison Area Chamber of Commerce Community EXPO rules; I hereby agree to comply with these rules and regulations, knowing full well that I will forfeit my right to participate in the Community EXPO if I am found in noncompliance.

Business Name: _____

Signature: _____ Date: _____

(This form must be returned to be eligible to participate in the Davison Area Chamber of Commerce Community EXPO)

Please make checks payable to: **Davison Area Chamber of Commerce** Check # _____

Date: ____/____/____

Authorized Signature: _____ Amount \$ _____

Visa or MasterCard # _____ ~ _____ ~ _____ ~ _____ Exp Date: ____ / ____ Code # ____

(Circle One)

Please return checks payable to: **Davison Area Chamber of Commerce**
709 S. State Rd Suite A Davison, MI 48423