

Office Use:	Received	Deposit	Bal Due	Paid in Full
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VENDOR'S CONTRACT

Date: _____
 Business Name: _____
 Business Merchandising Specialty: _____
 Proprietor/Contact: _____
 Indiana Sales Tax #: _____
 Business Mailing Address: _____



**ALLEN COUNTY WAR
 MEMORIAL COLISEUM**
 THURSDAY 9-6 • FRIDAY 9-6 • SATURDAY 9-4
 APPLESEED QUILTERS GUILD
 www.appleseedquiltersguild.com

City, State, Zip: _____
 Business Phone: _____
 Email: _____
 Business website URL: _____

Booth Fees: Includes pipe and drape booth, 2 folding chairs, one 8' table and company booth ID number.

Check a 1st, 2nd and 3rd choice

Choice	Booth Size	Price	Deposit	TYPE		
	10' x 10'	\$200		(1 st)	standard	corner sponsor
	20' x 10'	\$300		(2 nd)	standard	corner sponsor
	30' x 10'	\$400		(3 rd)	standard	corner sponsor
	40' x 10'	\$500				
	End cap	\$600				

NOTE: Services such as telephone and internet are obtained through the Coliseum event coordinator. Information about these and other materials will be provided after contracts are signed if services are requested. See *Vendor Accessories Order Form*

THE VENDOR HAS READ AND AGREES TO ALL CONTRACT TERMS AS LISTED ON THE VENDOR INFORMATION PAGE UNDER CONTRACT TERMS

Application submitted by _____
Signature
Date

Please send a signed copy, with check, made payable to APPLESEED QUILT SHOW, to:
 Vendor Co-Chair
 Appleseed Quilters Guild
 PO Box 10484
 Fort Wayne, IN 46852-0484

PLEASE MAKE A COPY OF THE SIGNED CONTRACT FOR YOUR RECORDS