



155 North Main Street, Elmira, NY

Vendor Registration Form

Phone: 607-937-5000 Fax: 607-937-4269

Brought to you by: WYDC-TV Big FOX

September 10th & September 11th – 2016 Hours: Sat – 9-6 & Sun – 10-4

Vendor Name:		
Contact Person:		
Company Address:		
City:	State:	Zip:
Phone:	Fax:	
Website address:		
Email address:		
Please reserve the following for my busines	::::::::::::::::::::::::::::::::::::::	
BOOTH inside Arena: With a 10'x10' – single booth (includes: (1) 8'ft table	and (2) chairs) request: x \$550.00 = \$	·
OR with a 10'x10' – corner booth (includes: (1) 8'ft to	able and (2) chairs) request: x \$700.00 = 5	\$
Concourse only vendor space: \$350.00 / 8'x10' booth (includes: (1) 6'ft table & (2) c	hairs) request: x \$350.00= \$	
Street vendor space: \$200.00 / 10'x10' booth reques	st: x \$200.00 = \$	
Electricity service is provided upon request (amps res	stricted to 110) - # of booths x \$30.00 / b	ooth = \$
Additional Tables is provided upon request: # of add	ditional tables: x \$15.00 for 6'; \$20 for 8'	= \$
ALL DEPOSITS ARE NON REFUNDABLE; THERE	IS A 30% CANCELLATION FEE IF CANCELLED	WITHIN 2 WEEKS OF EXPO.
Total Vendor Participation Investment: \$_	Do y	you have Co-Op available?
Payment Information (circle one): MasterCard V	/isa Discover AMEX Check #	
Card Number	essed under "Vision Communications" Exp. Date (mm/yy)	code
CC Billing Address:		
Signature	Date	
	For Office Use only:	
	Approved by:	