

# VENDOR REGISTRATION FORM

PORTLAND VINTAGE RACING FESTIVAL

July 27-30, 2017

## REGISTRATION INFORMATION

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Hm Ph: \_\_\_\_\_ Off.Ph \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Web Site \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## EXHIBIT SPACE

Each exhibit space includes one 8' table and 2 folding chairs. Exhibitor is responsible for all decorations including signage. Two exhibitor passes and one parking pass will be issued for every 10' of linear exhibit space. All spaces are sold on a first come, first served basis. Event management will assign spaces.

<input type="radio"/> 10 X 10 Space Only .....	\$190.00	Exhibit Space Required .....	\$ _____
<input type="radio"/> 10 X 10 Space with Canopy and sidewall.....	\$425.00	Less 10% Renewal .....	\$ _____
<input type="radio"/> 10 X 20 Space Only .....	\$300.00	<b>Subtotal</b> .....	\$ _____
<input type="radio"/> 10 X 20 Spaces with Canopy and Sidewall.....	\$650.00		
<input type="radio"/> Custom Space Please call for Quote			

A 50% deposit for each space/booth must accompany this agreement. Orders received after May 15, 2016 must be paid in full. Exhibitors who fail to utilize their reserved space, without offering notice of cancellation in writing prior to June 1, 2017, forfeit their deposit.

Extra Items:	
110 Electricity: \$150.....	\$ _____
Additional 8' Tables: \$24 ea.....	\$ _____
Additional Folding Chair: \$8 ea.....	\$ _____
Additional 3-day Parking Passes \$10 ea....	\$ _____
Additional 3-day Admission \$20 ea .....	\$ _____
Subtotal .....	\$ _____
Total .....	\$ _____
Less 50% deposit .....	\$ _____
Balance Due .....	\$ _____

What are you selling: \_\_\_\_\_

## PAYMENT INFORMATION

Visa  MasterCard  Discover  Check # \_\_\_\_\_ Total Amount: \_\_\_\_\_

Credit Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_ / \_\_ Security Code: \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Make Check Payable to **SVRA**

Mail application and payment to SVRA 1598 Hart St. Suite 100 Southlake, TX 76092

Www. SVRA.com email: tc@svra.com or call Toni Cumbess 863-698-8620

Authorization # _____	Date Rec. _____	Amount Rec. _____	Check No. _____
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