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.

O 10 X 10 Space Only ........................................ $190.00
O 10 X 10 Space with Canopy and sidewall............. $425.00
O 10 X 20 Space Only ....................................... $300.00
O 10 X 20 Spaces with Canopy and Sidewall.......... $650.00
O 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.

What are you selling: _________________________________________

Extra Items:
110 Electricity: $150.00................................ $ _____
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 10% Renewal ........................................ $ _____

Subtotal ........................................................................ $ _____

Total ........................................................................... $ _____

What are you selling: _________________________________________

PAYMENT INFORMATION

O Visa O MasterCard O Discover O 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. ___________