

Vendor Registation Form

August 2nd, 2014, 11 – 5 PM

E. 108th Street and Magnolia Drive in University Circle

Company Name:			
Contact Person:			_
Phone: (Work)	(Cell)	(Fax)	_
Mailing Address:			
City/ State/ Zip:			
Company Website:			-
Products/Services:			_
produced shall be responsible display, vehicle or exhibitor.	e or liable for any loss, damage, The exhibitor shall and does he	vner of the property at which the show is e, or injury to all or any part of the exhibitors ereby waive any and all rights he/she may y. We have the right to refuse entry.	
Applicant signature:		Date:	

For more information, please contact Sheilah M. House at 216.482.1511. Please return this form by to:

Fax: 216.421.0057 or email universitycirclesalutesveteran@gmail.com