

CAPNCM ZOMBIE RUN

7PM, OCTOBER 22ND, 2016

Vendor Information

Contact Name: _____

Organization or Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell Phone: _____ email: _____

Items you will be vending: _____

website: _____

Booth Information

10x10 Booth \$30

10x20 Booth \$60

Do you require electricity?

Yes

No

.....

Total Enclosed \$ _____

Please return form to and make checks payable to:

CAPNCM
c/o Zombie Run
1506 Oklahoma Ave
Trenton, MO 64683

Phone: 855-290-8544 ext 1049
Fax: 844-503-1872
eMail: jfarmer@capncm.org

Vendors are responsible for providing their own tables, chairs, and extension cords during this event.

I have read and reviewed the above conditions and guidelines and agree to abide by them.

Signature: _____ Date: _____

*Vendor approval is at the sole discretion of CAPNCM. We reserve the right to deny any application for this event. Spaces are first come, first served with regards to resales companies and limited to one (1) representative per company. No exceptions. **Absolutely no refunds will be given.***

OFFICE USE ONLY Rev.9/7/2016

Date Received _____ Received By _____

Booth Reserved _____ PayPal / Cash / Money Order / Check # _____