

2023 EXHIBITOR APPLICATION FORM

COMPANY NAME					
COMPANY NAME:					
CONTACT NAME:					
ADDRESS:					
CITY / PROVINCE:					
ST.ANDREW'S EMAIL: WEBSITE: LOCATION OF EVENT: ST ANDREW'S MIDDLE SCHOOL - 131 FENN AVE, NORTH YORK, ON.					
QUANTITY:				CHECK IF REQUIRED:	
BRING OWN TABLE	\$40.00+HST	\$45.20		CORNER	\$5
6'FT TABLE	\$60.00+HST	\$67.80		WALL	\$5
TOTAL SUBMITTED:				WALL	
				WALL+ HYDRO	\$10
We have read and acknowledge vendor Please see website for defails*	's liability insurance terms*				
EXHIBITOR SIGNAT	URE:				
*Electronic "email" signatures to th	is Agreement are accept	able and carry wit	h it the same full force	and effect as an origin	al signature.
NOTE(S):					
*- One chair include	d with each sn	ot			

- To confirm a reservation, this application must be accompanied with FULL PAYMENT.
 All payments are NON-REFUNDABLE and NON-TRANSFERRABLE.
- Please make all payments via E-Money Transfer to popvendors@gmail.com



- * SET-UP TIME: 8AM 10AM / EVENT TIME: 10AM 3PM
- * NO ADULT MATERIAL CAN BE DISPLAYED OR SOLD

