

COMIC CON

2023 EXHIBITOR APPLICATION FORM

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY / PROVINCE: _____

PHONE: _____

EMAIL: _____

WEBSITE: _____

LOCATION OF EVENT: **CLINTON, ONTARIO** - www.clintonspringfair.com

| | | | QUANTITY: |
|-------------------------|----------------------|----------------|----------------------|
| TABLE SIZE: 6'FT | \$40.00 + HST | \$45.20 | <input type="text"/> |
| TOTAL SUBMITTED: | | | <input type="text"/> |



We have read and acknowledge vendors liability insurance terms*
Please see website for details*

EXHIBITOR SIGNATURE: _____

*Electronic "email" signatures to this Agreement are acceptable and carry with it the same full force and effect as an original signature.

NOTE(S):

- The price of space includes 1 chair.
- 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
- **PayPal** accepted (\$5.00 flat rate service fee will apply)

DATE: _____

PayPal



*** SET-UP TIME: SET UP 8 AM TO 10 AM : EVENT TIME 10 AM TO 5 PM**

*** NO ADULT MATERIAL CAN BE DISPLAYED OR SOLD**

