



## 2018 Exhibitor/Vendor Application

Exhibitor/Vendor Name: \_\_\_\_\_

Items to be shown/sold: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Videophone: \_\_\_\_\_

### Exhibitor/Vendor Booth (choose one)

\_\_\_\_\_ School organization (Free)

\_\_\_\_\_ Non profit organization (\$50)

\_\_\_\_\_ Individual/Small Business (\$100)

\_\_\_\_\_ Other Business(e.g. VRS, Insurance Company,Realtor:etc)(\$150)

### Electricity Connection (choose one)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

### Number of Tables ( 4 ft by 6 ft)

1 table (free) \_\_\_\_\_

Extra table ( \$10.00) \_\_\_\_\_

Total payment : \_\_\_\_\_

WHICH DAY(S): \_\_\_\_\_

\_\_\_\_\_

**Submission deadline for receipt of form and payment. Sept 7, 2018**

**Please send a completed form with check or money order and make payment to:**

Rochester Recreation Club for the Deaf, Inc.

Attn: Rochester Deaf Awareness Week

PO BOX 60602  
Rochester, NY 14606

**Payment is non refundable.** The vendors are responsible for set up and break down of equipment.

Please email any questions to Fred M. Beam: [Artsinvhands@gmail.com](mailto:Artsinvhands@gmail.com)