



2009 Vendor Registration Form



Vendor Information:

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Website: _____

If you'd Like name badges, please print clearly the names:

Vendor Fees: (Make Checks payable to: Central Iowa Training Association)

My company plans on being a Vendor for:

_____ **Saturday Only** (7:00 am – 5:00 pm)

_____ **Saturday & Sunday**
(7:00 am – 5:00 pm Saturday and 7:00 am – 1:00 pm Sunday)

	Quantity			Total Price
Inside 8 x 10 Booth Space	_____	@	\$150.00	\$ _____
Vehicle Display Space	_____	@	\$50.00	\$ _____
Electricity (bring own ext. cords)	_____	@	\$25.00	\$ _____
Extra Chair	_____	@	\$10.00	\$ _____
Extra Table (8 ft.)				
Topped & Skirted	_____	@	\$30.00	\$ _____
Plain Table (No skirting or cloth)	_____	@	\$22.00	\$ _____
Saturday (Lunch-IA Hall)	_____	@	\$9.00	\$ _____
Sunday (Lunch-IA Hall)	_____	@	\$9.00	\$ _____
			Check TOTAL	\$ _____

Door Prize Donations:

These donations are distributed to the participating students @ fire School. Please indicate if you are interested in donating:

YES _____

NO _____