2 Coulter Road
Clifton Springs, NY 14432
315.462.9561
fax 315.462.3492

CliftonSpringsHospital.org

Clifton Springs Hospital & Clinic

Vendor Registration Form
2010 Hospital Auxiliary Fall Bazaar

☐ I would like to participate in the Clifton Springs Hospital Auxiliary Bazaar on Thursday & Friday, October 28 & 29, 2010, 10:00 a.m. - 7:00 p.m. The products I expect to sell include: _____

_____

_____

☐ I would like 8-foot tables on which to set up my products:
☐1 ☐2 ☐3(max) ☐I will bring my own table(s).
Max 3, no larger than 8'.

☐ I will need electricity. *If yes, must bring your own heavy-duty extension cords.*

☐ I would like to be included in print- and web-based advertising
Preferred name: _____

☐ I have a preferred location. Space allotted on first come, first served basis.
☐ground level lobby ☐2nd floor mezzanine ☐2nd floor dining room

☐ I will be available and on-site
☐Thursday ☐ Friday

Contact name: _____

Business name: _____

Telephone #: _____

Address: _____

email: _____

Vendor Agreement: My signature below indicates that I agree to participate in the Clifton Springs Hospital Auxiliary Fall Bazaar; that I will set up and take down my booth in the alloted time and leave the area clean; that I understand the suggested donation to participate is 20% of my gross, gifted to the Clifton Springs Hospital Auxiliary and **payable by cash or check at the close of my participation time**; and that all items offered for sale are of a "family" nature. Subject to change.
Signed: _____ Date: _____

Please return this completed form to Lynne Montgomery, Clifton Springs Hospital Auxiliary Events Coordinator, PO Box 249, Dresden, NY 14441, or fax to Community Relations at 315.462.3492. Booth locations and other information will be sent in advance of the event.