**Vendor and Exhibitor Form**

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| --- | --- |
| **Company or Organization Name** |  |
| **Contact Name** |  |
| **Address** |  |
|  |  |
| **Telephone** |  |
| **e-mail** |  |
| **For Vendors** | |
| **Tax ID #** |  |
| **Item(s) you would like to sell:**  ** ***Vendors selling Meats, Dairy Products, and Baked Goods must provide***  ***a Health Certificate with this form*** | |
| **Special Requirements (Refrigeration, extension cords, etc.)** | |