

OUTDOOR EXPO AND GUN SHOW

Saturday, June 29, 201 9:00am - 5:00pm

DEALER/VENDOR REGISTRATION AGREEMENT

Name: _____ Company Name: _____

Address: _____ City, State, & Zip: _____

Telephone: _____ E-mail: _____ @ _____

Type of merchandise on your tables: _____

Electricity Required? \$15 Yes No # of people manning your tables: _____

of Tables Requested: _____ Cost Per Table: _____ \$50 (Until 5/15/19) _____ \$60 (After 5/15/19)

Are you a Greater Cleveland Chamber Member? Y / N Are you interested in joining the Chamber? Y / N
Circle One Circle One

NOTE: All space reservations are made on a "first come, first serve, basis"

1st Choice Booth(s) _____ 2nd Choice Booth(s) _____

Total Amount Due:\$ _____ (50% minimum due at signing—Balance due 5/30/19. Payments are refundable through 6/7/19 if GCCC receives written cancellation (letter, fax or email) prior to 6/7/19). No refunds after 6/7/2019.

PAYMENTS AND RESERVATION MAY BE MADE ONLINE AT WWW.CLEVELANDTXCHAMBER.COM

Today's Payment:\$ _____ : Checks Payable to GCCOC. Check/MO # _____ Cash _____

VISA MC AMEX Disc Card # _____ Exp ___ / ___ CVS # _____

Name on Credit Card: _____

CC Billing Address: _____ City _____ Zip _____

I hereby authorize Greater Cleveland Chamber of Commerce to charge my credit card above in the amount of \$ _____ and certify that I am the authorized user of this card. I understand the terms cancellation and the refund policies as outlined above.

Card Holder Signature

Please INITIAL: _____ Setup on Saturday, June 29, 2019 at 6:30am - 8:30am

I hereby agree all terms and conditions of this agreement as outlined above. I understand I will also receive other Show Rules/Indemnity Agreement Form and Texas State Sales Tax Ruling Concerning Gun Shows Form.

Dealer/Vendor: _____ Date: _____
Signature

FOR MORE INFORMATION CONTACT 281-592-8786 or e-mail to: info@clevelandtxchamber.com