



Partners in Learning Vendor Application
Date: Monday, August 20

Entry Fee of \$400.00 per space. Payment must accompany registration form.

Please complete form, make check or money order payable and send to:

Gig Harbor Chamber of Commerce
P.O. Box 102
Gig Harbor, WA 98335
Fax: (253) 851-6881

ORGANIZATION NAME: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

NATURE OF DISPLAY: _____

CC Cash Check Credit Card No. _____ Exp. Date _____ Sec. _____

Details on the day of the event will be emailed out to all participants.
Tables are provided for you and are 6'x32".

Your signature on this form indicates consent to the requirements listed, and verifies that you will hold the Gig Harbor Chamber of Commerce and property owners harmless for any loss, theft or destruction of your work or any personal injury which might be suffered in the course of the event. All normal precautions will be taken to assure safety of exhibitor and their property.

Signature of Exhibitor: _____ Date _____

This space is reserved for the Chamber of Commerce staff:

Date Rcvd: _____ Amount Rcvd: _____ Method: _____ Initials: _____