

VENDOR REGISTRATION FORM



CONTACT NAME _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PHONE _____ EMAIL _____

Please circle the time for each date and the payment level:

THURSDAY	FRIDAY	SATURDAY	PAYMENT LEVEL
Full (9am-5pm)	Full (9am-5pm)	Full (9am-5pm)	Profit (\$500) / Non-Profit (\$200)
Half (9am-1pm)	Half (9am-1pm)	Half (9am-1pm)	Profit (\$300) / Non-Profit (\$125)
Half (1pm-5pm)	Half (1pm-5pm)	Half (1pm-5pm)	Profit (\$300) / Non-Profit (\$125)

PAYMENT INFORMATION

TOTAL AMOUNT ENCLOSED \$ _____ CHECK MONEY ORDER CREDIT CARD

* CHECKS AND MONEY ORDERS SHOULD BE MADE OUT TO: IN OUR OWN VOICES, INC.. PLEASE DO NOT SEND CASH.

CREDIT CARD TYPE:

MASTERCARD

Name on Card _____

VISA

Card Number _____

AMERICAN EXPRESS

Expiration Date _____ / _____ CVC Code: _____

DISCOVER

Signature _____

I AFFIRM THAT I AM AUTHORIZED TO ENTER INTO THIS CONTRACT AND TO ADHERE TO THE TERMS SPECIFIED.

SIGNATURE _____

FAX THIS FORM

(518) 432-4123
TO RESERVE YOUR
TABLE TODAY!

MAIL

IN OUR OWN VOICES, INC.
245 LARK STREET
ALBANY, NY 12210

EMAIL

UTD@INOUEOWNVOICES.ORG
QUESTIONS?
(518) 432-4188

Please submit this form, along with your payment, no later than August 14, 2020. All sponsorships, journal ads, and vendor registration fees are final and cannot be refunded