



Vendor Registration Form

Date received: _____

Booth #: _____

BUSINESS INFORMATION

Business/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Office Phone #: _____

Staff Name: _____ Staff Name: _____

Cell Number: _____ Cell Number: _____

Email: _____ Email: _____

BUSINESS TYPE & DESCRIPTION:

Please indicate business type and provide service or product description.

Business _____ Non-profit _____

Food _____ Other _____

TYPE OF BOOTH/TABLE:

We will provide one standard size table with 2 chairs for your display.

For-profit Companies: \$150.⁰⁰ Universities & Colleges: \$150.⁰⁰ Non-profit: \$75.⁰⁰

DESCRIPTION OF PRODUCTS/SERVICES:

Please give a detailed description of your products/services.

Waiver: Mission Accomplished Transition Services reserves the right to refuse any vendor application. Mission Accomplished Transition Services shall not be held responsible for any claims, damages, theft, liability or expense which may arise, and/or loss or damage due to fire. Exhibitor assumes full liability for protecting, care and maintenance of exhibitor's property.

Please sign to acknowledge that you have read all of the information, rules and regulations and agree to be bound by this contract.

Signed: _____ Date: _____

Print: _____

PAYMENT INFORMATION

Please find check enclosed:

Make check payable to:
Mission Accomplished Transition Services

Mail to:
150 State Street, 4th Floor, Albany NY 12207

Check No.: _____ Amount: _____

Please charge my credit card:

VISA | MC Card | AMEX | DISCOVER #: _____

Expiration Date: _____/_____/_____ Security Code: _____

Name as it appears on card: _____

Signature: _____ Date: _____