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| Event Details | | | |
| **This event will be free and open to the public. Augst 30, 2025**  **Vendors must register for this event to guarantee a spot on the actual day of the event.**  **Early bird registration is as follows:**  **$75. for Indoor vendors and $50. for outdoor vendors and food trucks.**  **Early bird registration must be received by July 11, 2025**  **Regular registration after July 12th is:**  **$100 for indoor vendors and $80 for outdoor vendors and food trucks.**  **Regular registration must be received by August 8th.**  **Tents will not be provided for the outside vendors. If you are an outside vendor, you may bring tents and space will be provided for you.**  **All SWaM vendors are required to prepare a door-prize giveaway incorporating good contact information for the event attendees.**  **All resource vendors must provide free resource materials for the attendees so that they can have a way to follow up on those resources.**  **Once your registration form and fee are submitted, you will receive a conformation email and or text, whichever is specified on the registration form. As the event day approaches, you will receive an event packet which will include the event agenda and your booth slot number along with a map and directions to the Virginia Beach Higher Education center. Advertisements, Radio, and News media will be invited to this event. Local councilmen and state representatives will also be invited. If you would like to include an ad for the event brochure, please submit the ad by July 31, 2025. The fees are as follows;**  **A full page 8.5”x11” add is $30.**  **A half page 5 ½” x 4 ¼” add is $25.**  **A corner page 4”x 4 ¼” add is $15.**  **For further information please call Michelle Springs at 757-237-1734 or Email:** [**mesprings85@outlook.com**](mailto:mesprings85@outlook.com) | | | |
| Vendor information Required | | | |
| First Name |  | | |
| Last Name |  | | |
| Cell Phone |  | Work Phone |  |
| Email |  | | |
| Business Name |  | | |
| Business Type |  | | |
| What type of merchandise or product will you be selling? |  | | |
| What resources will you be providing? |  | | |
| Will you be including your own table and chairs | YES or NO | | |
| Vendor’s signature: | Date: | | |
|  |  | | |
| **Please make a copy to keep for your records and return a form with payment.** | **Please send signed registration back via email or to the address listed below.** | | |
|  | **Send Cashiers Check or Money Order with registration form to,**  **656 Westminster Reach/ Smithfield Va 23430.**  **Or return via email,** [**mesprings85@outlook.com**](mailto:mesprings85@outlook.com)  **you can pay via,**  **or** | | |
|  | **A qr code with a person's faceA screenshot of a qr codeA qr code on a white background** | | |