

# **KAA-MaCC Vendor Registration Form**

*Kannapolis African-American Museum and Cultural Center, Inc.*

Thank you for your interest in becoming a vendor with KAA-MaCC. Please complete this form to register for upcoming events and opportunities.

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## **Vendor Information**

- **Business/Organization Name:** \_\_\_\_\_
- **Contact Person:** \_\_\_\_\_
- **Title/Position:** \_\_\_\_\_
- **Mailing Address:** \_\_\_\_\_
- **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Website (if applicable):** \_\_\_\_\_

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## **Vendor Type (Check all that apply)**

- ☐ Food & Beverage
- ☐ Arts & Crafts
- ☐ Merchandise (Clothing, Jewelry, etc.)
- ☐ Services (Consulting, Education, etc.)
- ☐ Nonprofit Organization
- ☐ Other (please specify): \_\_\_\_\_

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## **Event(s) Interested In:**

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## **Additional Comments or Requests:**

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## Agreement and Signature


By signing this form, I certify that the information provided is accurate and agree to comply with KAA-MaCC's vendor guidelines and requirements.

- **Signature:** \_\_\_\_\_
  - **Date:** \_\_\_\_\_
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## Submission Instructions

Please save this completed form and email it to:

 **info@kaa-macc.org**

 *Note: KAA-MaCC is a nonprofit organization. Vendor participation may be subject to space availability and event-specific requirements.*