

CLSDD Vendor Application

Vendor Check – In will be the Monday of Show week. (Please refer to Schedule of Events)

IMPORTANT NOTE: Booth Deposit Fee of \$100 are due upon receipt of this application.

Vendor Information:

Vendor Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address _____

PLEASE ATTACH A PICTURE OF BOOTH TO APPLICATION EXACTLY AS IT WILL LOOK DURING THE SHOW!

ALL SPACES WILL BE APPROXIMATELY 8' X 10'

Number of Booths Desired: _____

Make checks payable to CLS&DD and mail to:

CLS&DD
c/o Commercial Booth Exhibits Committee
PO Box 697
Cleveland, Texas 77328

Items to be sold or displayed:

Signature of Applicant

Date

***** COMMITTEE USE ONLY *****

Booth Picture Included: Yes _____ No _____

Date Rcvd: _____

Amount Received: \$ _____ csh/ck/mo

Approval: _____

Space #: _____