

FL WOCP 2025 PAINTING RETREAT

“Retreat at the Beach”

VENDOR AGREEMENT

The Florida World Organization of China Painters (FL WOCP) and the Vendor named below agree as follows:

IMPORTANT: Vendors must also complete **Registration Form** (shown separately in drop down tab) with payment for tables.

For \$25.00 per table (with a 2 table maximum), the Vendor agrees to pay the cost of the table (s) and include it with your total payment.

Each Vendor’s booth will consist of at least 1 table with 1 chair provided. If 2 tables are paid for, then a 2nd chair will be added. The retreat chairmen will have the right to locate exhibitor’s booths to present a uniform layout. The Italian American Club and the FL WOCP and/or its officers will not be responsible for any claim due to loss from fire, theft, breakage or damage during the setting up, duration of the retreat or the taking down of all properties and/or possessions.

Set Up: Friday – February 21, 2025: (Begin after 10:00 am - Ready to start at 1:00 pm)
Doors Open: Saturday – February 22, 2025: 9:00am - 5:00pm
Sunday – February 23, 2025: 9:00am - 5:00pm

All areas must be cleared no later than 5:00pm on Sunday for another scheduled event set up.

No. of tables needed (Please mark): (1) ___ or (2) ___ Total amount submitted for booth(s): \$_____

No. of people in booth ___ (*All individuals must complete the separate Registration Form for meals if desired.)

VENDOR: _____
(Please print your name and name of company, if applicable)

ADDRESS: _____

CELL # _____

EMAIL ADDRESS _____

SIGNATURE _____ DATE _____

Vendors can elect to do the following regarding meal(s) on the Registration Form:

- A) Elect to attend a Seminar (includes lunch on Saturday and Sunday (\$225.00)
- B) Elect to attend Friday night's dinner (\$25) only.
- C) **Add to the Registration Form** if you desire Saturday only lunch (\$16); or Sunday only lunch (\$16) or both lunches (\$32).

We would greatly appreciate your participation in this wonderful event!

Mary Jane McMillen
4120 Eldorado Way
Melbourne, FL 32934

Please complete, sign and date this Agreement and return the bottom portion of it along with your check made payable to: FL WOCP. Mail this form, Page 1 of the Registration Form and your check to Mary Jane McMillan at the address above.

Thank you.