FAX COMPLETED FORM TO: 866-400-4065 OR EMAIL TO CALVARYCHAPELMM@ATT.NET

Carson City Harley-Davidson / Buell
2900 Research Way
Carson City, NV 89706
Tel: 775-882-7433 (RIDE)
Fax: 775-882-7652
www.carsoncityhd.com

****** ATTN VENDORS: THERE IS NO CHARGE FOR BOOTH SPACE FOR THE ******
****** Northern Nevada Unity Ride - SEPTEMBER 17,2011 ******
ANY QUESTIONS CONTACT TOM @ 775.745.4042 OR calvarychapelmm@att.net

Submit 1 Contract per Space

Exhibit Space Contract

Business Name	Contact Person		Date
Mailing Address	City	State	Zip
Phone	Fax	Cell	
Email Address	Website	Resale State	Resale #

Type of Booth (Must be Completed): __ Tent __Trailer* __ Truck* __ Semi*/Factory Truck*
* Photo Required

X	Space Requested - Check One (1) Consider Hitch, Tractor, Awning as No Additional Space Will Be Allowed		Price
	Food/Beverage	10' x 10' = $ 100	
	Food/Beverage	10' x 20' = $ 200	
	Food/Beverage	10' x 30' = $ 300	
	Retail	10' x 10' = $ 100	
	Retail	10' x 20' = $ 200	
	Retail	10' x 30' = $ 300	
	Retail	20' x 20' = $ 400	
	Factory Semi	$600	
	Total Factory Semi Footprint: Length _____ & Width _____		
#	**Special Requirements**		
	Power - 110 volts - $25		
TOTAL AMOUNT DUE			
Deposit Attached: 50% Minimun			
BALANCE DUE **Add $100 if not paid 15 days prior to event**			**0.00**

Payment Method
__ Check # _____ Make Check Payable to CCHD
__ Credit Card _____
(American Express, Master Card or Visa Only)

CVV2 Security Code _____ Exp. Date_____
Signature _____
Complete Product List:_____
_____
_____

All **food & beverage vendors** must have a **Health Permit** from the Carson City Health Department (Call 775-887-2190) one month in advance to operate at Street Vibrations. You must have it present in your space during the event. Without your Permit you will not be allowed to set up.

Show Hours:
Wednesday Set-up
Thursday
Friday
Saturday
Sunday Load out

Booths Must Be Removed By 4pm of last day

Agreement:

By Signing this contract, I agree to comply with the rules & regulations printed on both sides of this contract.

Applicants Signature: _____

Date: _____