



# Food | Chocolatiers Vendor Registration Form

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Business Website \_\_\_\_\_

### Price includes:

10'X10' Space | Pipe and Drape | 8' Table |  
(2) Chairs | Waste Basket | Table Covering

Date	Location	Venue	Time	Price
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<input type="checkbox"/>	February 22, 2020	Greensboro, NC	Greensboro Coliseum	1-4p, 5-8p	\$75
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CHECK HERE IF YOU NEED ELECTRICITY

**FINAL AMOUNT DUE:** \_\_\_\_\_

\_\_\_\_\_  
PLEASE SIGN HERE

Final payment for each event is due 30 days prior to event date.

Send registration form and payment to: Galaxy Events | 235 Walton Street | Syracuse, NY 13202  
Fax: 315-472-1888 | Email: [lisa@galaxyeventscompany.com](mailto:lisa@galaxyeventscompany.com) | Call 315-471-9597 with any questions



## Credit Card Form

Galaxy Events LLC  
235 Walton St  
Syracuse, NY 13202

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Card Type (Circle One): VISA MC AMEX DISC

Card Number: \_\_\_\_\_

3 (or 4 for AMEX) Digit Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Event(s): \_\_\_\_\_

No other charges will be authorized or made to the card without separate arrangements.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Please call Lisa with any questions at 315-471-9597 or email [lisa@galaxyeventscompany.com](mailto:lisa@galaxyeventscompany.com)