



Merchandise 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
<input type="checkbox"/>	February 22, 2020	Greensboro, NC	Greensboro Coliseum	1-4p, 5-8p	\$175

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 | 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