

VENDOR FORM

CORPORATE BUSINESS



REGISTRATION FORM

Business Name:

Date :

D	D	M	M	Y	Y	Y	Y

Vendor Type :

☐

Regular (foyer)
\$250.00

☐

Exclusive (Front Lobby Area)
\$400.00

☐

Other

Owner/ Contact's Name

Contact Email

Contact Phone

BUSINESS INFORMATION

First Name

:

Business Phone :

Business Open :

D	D	M	M	Y	Y

Full Address

:

Business Type

:

Website

:

Products Sold :

Instagram/
Social media

:

Social Media/ FB :

E-Mail

:

Payment is
complete?

:

☐

Yes

☐

No

How many people
will be at your table?

Comments/ Additional Information:

Applicants / Account Holder's Name :

More Information : ** A table, tablecloth and 2 chairs will be provided

Joann Smith

joann@wafinternational.org

813.650.5076

www.wafinternational.org

Signature

Signature of Registrant

THANK YOU FOR YOUR INFORMATION

[Internal Use] Signature of Approver :

Payment was made on:

Method of Payment:

Vendor Table #: