

# 2009 Latino Upstate Summit Retail Vendor Participation Form

PLEASE INITIAL EACH PAGE, SIGN THE ORIGINAL RULES AND REGULATIONS AND KEEP A SET FOR YOUR RECORDS.

Date \_\_\_\_\_

Company Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Facsimile: \_\_\_\_\_

Email address: \_\_\_\_\_

List all appliances including AMPS that will require electricity.

ITEMS NOT LISTED WILL NOT BE ALLOWED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A CHECK OR MONEY ORDER FOR THE EXACT AMOUNT MUST BE INCLUDED OR APPLICATION WILL NOT BE PROCESSED (CREDIT CARDS ARE NOT ACCEPTED) \$300.00 each 10' x 10' space. There will be an additional cost of \$100.00 if you will require electricity.

Spaces needed \_\_\_\_\_ Amount \$ \_\_\_\_\_

TOTAL (Submit with application) \$ \_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Return completed application to:

**Spanish Action League of Onondaga County, Inc.**  
**Attn.: Shannon Ryan**  
**700 Oswego Street**  
**Syracuse, NY 13204**

**OFFICE USE ONLY**

Total Fees: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Approved: \_\_\_\_\_