Islamic Center of Boca Raton 8th Annual

Vendor Form

Company Name			
Contact Name			
Mailing			
Address	City	State	Zip
Phone			
Email			
Special Needs	Location close to an electrical outlet	Other:	
Special Needs	Private/confidential room		
Vendor Description/			
Service Provided			
Time Available	From:	То:	
Signature		Date:	
Notes	 Vendor charge is \$50 per table Please complete this form and email to healthfair@icbr.org 		
	Vendors should arrive at 11:00am to set up		
	 1 table, tablecloth and 2 chairs will be provided to each vendor Please bring a sign or banner to place in front of your display/exhibit table 		
	Please bring a sign of barrier to place in Horit of your display? Exhibit table Please bring enough handouts, pamphlets and promotional goodies for 500 participants		
		1 .	
Admin Use Only:	No of tables	•	2
	No. of tables:		
	Amount Due: \$		
Payment	Amount Paid: \$	Islami	ic Center of Boca Raton
Information	Check Cash	1970111	. I // III C

Check

Cash

