

Women in Business **EXPO**

Thursday, March 7, 2019 from 6-8pm at the Jefferson Community Center (107 N Main St)

I am applying for: *(check one)* \$15 Table Space \$5 Card Display Space

Business Name: _____

Business Description: *(Please briefly describe the products or services your business provides)*

Website/Social Media: _____

Will you be selling products? *(check one)* Yes No

Your Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Vendor Exclusivity & Registration Policy:

By signing below I understand and agree to the following: Businesses will receive individual representation exclusivity but not category exclusivity. If I represent a company that has already registered I will be notified by the Event Coordinator and will be added to the wait list for that business in the event of the original representative canceling. I understand that chamber members will have priority. Application submission is not a guarantee of vendor placement. I will be contacted by the Event Coordinator to confirm my place and payment.

Signature: _____ Date: _____

**Return Application to: Jefferson Area Chamber of Commerce
PO Box 633, Jefferson, OR 97352**

Email questions to: JeffersonAreaChamber@gmail.com

Office use:

Received: _____ Accepted: _____ Contacted: _____ Payment: _____