

## **Vendor Registration Form**

Business/Agency Name: _		
Address:	City:	Zip:
Contact Name:	Phone:	Email:
Agency - Information Business - \$50.00 10 Art - \$35.00 10 x 10 s	•	pace
Please complete t pride@donnellycenter.or before September 19 <sup>th</sup> , 2	g or drop off at 1073 2025 and make a payr 3 10:00 AM. Set up ends nt. Please stay until 9:0 	ghly and return to Ross Ave., Ste. E, El Centro ment to guarantee a space. s at 3:00 PM. <b>No vehicles in</b> 0 PM.
InKind Goods or Service: W 9 submitted: Yes		
QR code for registration:	QR copayn	ode for nent:
For Office use only:		
Registration received by:		Date:
Payment received by:	_	Date: