



MadCeltFest 2009

Held at VFW Truax Longmire Post 8483 5737 County Road CV Madison, WI 53704-6169

Vendor Registration Form and Contract

Company Name		Representative or Exhibitor	
Address		Address	
City, State, Zip		City, State, Zip	
Phone	Fax	Phone	Fax
E-mail (required)		Please send convention mailings to:	
		<input type="checkbox"/> My E-mail <input type="checkbox"/> My company address	

REGISTRATION FOR EXHIBIT SPACE

Indicate Number	Early Registration for Commercial Vendor Space (by 6-31-09)		Indicate Amount
	Single Booth 10' X 10'	\$75	\$
	Double Booth 10' X 20'	\$125	\$
Registration for Commercial Vendor Space (after 6-31-09)			
	Single Booth 10' X 10'	\$150	\$
	Double Booth 10' X 20'	\$225	\$
	Registration for Non-Profit Organization Exhibit Space (10' X 10')	\$25	\$
	Food Vendor	Please inquire about availability	
<i>Event Program Advertisement</i> Due by 8-1-09 Please send photo ready ad to: charlesharry@sbcglobal.net or MadCeltFest c/o Beth Johnson 4002 Drexel Ave Madison, WI 53716	Event Program Advertisement Quarter page ad	\$50	\$
	Event Program Advertisement Half page ad	\$100	\$
	Event Program Advertisement Full page ad	\$175	\$
	Full Page Inside Cover (Select one) Front or Back	\$200	\$
Please make checks payable to: Madison Celtic Festivals, LLC			Total Paid
			\$

Mail Registration Form and Payment to:

Beth Johnson
 4002 Drexel Ave
 Madison, WI 53716

All forms and payment due by: 8-31-2009

<i>For Office Use Only</i>	# _____
Date Received: _____	Booth Number(s) Assigned _____
Check Number: _____	
Amount Paid: _____	Official Signature _____