

FALL HARVEST CONFERENCE VENDOR/ADVERTISER/SPONSOR INFORMATION

Attn: Vendor Coordinator
6222 Raytown Trafficway #116
Raytown, MO 64133
FAX: 785-628-8826
Or Email To: Vendor@FallHarvest.Org

Contact Name _____

Business Name _____

Full Address: City _____ State _____ Zip Code _____

Telephone Day: (_____) _____ Telephone Evening: (_____) _____

Email Address: _____ Fax #: (_____) _____

Describe Your Product Line: _____

The Name For Your Name Badge: _____

Helpers Names: _____

The name(s) are used for name badges. If they participate in any other activity, please include in pricing below.

Vendor Pricing

2 Skirted Tables (Includes 1 chair for each 8' table for five days)

\$75.00 Each Number Wanted _____ Total Cost: \$ _____

1/2 Page Ad 3 1/2" x 3" (\$75.00) Full Page Upgrade (Add \$25.00).....Total Cost: \$ _____

Friday Buffet and Saturday Finale (\$100.00 Per Person) Total Cost: \$ _____

Inserts In Registration Packets (Free For Vendors) (\$100.00)Total Cost: \$ _____

Program Advertising

Full Page B & W 6 1/2" W x 6 1/2" H (\$100.00)Total Cost: \$ _____

Half Page B & W 3 1/2" W x 3" H (\$75.00)Total Cost: \$ _____

Listing On Fall Harvest Web Site (\$20.00) Total Cost: \$ _____

Grand Total Cost:Grand Total Cost: \$ _____

Vendor, Advertising and Booth Space is very limited and available on a first-come, first serve basis. Table cost does not include convention activities or meals. Contact the Official "[Fall Harvest Hotel](#)" for Room Reservations. Use the code "Fall Harvest 2008" for the Conventions Discounted Rate. Vendor Room set up is 3 PM to 9 PM on Tuesday 11/04/08. Vendor hours are 8:30 AM to 6:00 PM November 5 to 9, 2008; Doors will be locked at all other times.

Program Advertising Space reservations must be made by 8/01/08 with camera ready artwork received by 10/1/08. Ads must be in electronic format JPEG, TIFF or other PC Readable Format. If you are submitting a printed format, use plain white paper suitable for electronic scanning.

I Have Enclosed A Cashiers Check ___ Money Order ___ (Make Payable To "Fall Harvest 2008")

I will Pay By MasterCard ___ Visa ___ Discover ___

Name On Card: _____

Card Statement Address: City: _____ State: _____ Zip Code: _____

Account Number: _____ Expires: _____

Signature of Cardholder: _____ CVV # _____

Our Vendor Or Advertising Coordinator will be in touch with you. Every attempt will be made to place you in an optimal position. Your responsiveness to emails and phone calls will influence the position(s) to which you are assigned. First come-first served!

Inner Office:	Receive Date	Email/Phone
Credit Card: MC Visa Disc \$ _____	Cashiers Check \$ _____	Money Order \$ _____ Cash \$ _____