



Vendor Booths

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

		Number of Booths
10 x 10 Booth	\$500.00	_____
10 x 20 Booth	\$1000.00	_____
Bulk Display	\$1200.00	_____

\$ Amount Collected:

Cash: _____

Check: Make payable to: Legacy Brain Foundation _____

Credit Card: _____

CC#: _____

Expiration Date: _____

Type of CC: _____

***All Vendors are responsible for bringing, chairs. Tables and electricity (if required) will be provided but must be specified beforehand. Full payment must be received by June 15, 2011. All vendors must be set up by Noon day of event or money and spot will be forfeited.**