

2008 Holiday Gift Fair Application

Gift Fair Dates: Nov 28th, 29th, 30th

Application Deadline: Sept. 30, 2008

FULL SPACE FEE REQUIRED WITH APPLICATION.

CHECKS MUST BE MADE OUT TO: "SEASIDE CHAMBER OF COMMERCE-GIFT FAIR"

Mail to: PO Box 7, Seaside, OR 97138

Show Hours: Fri: 2:00 pm – 8:00 pm **Sat:** 10:00 am – 6:00 pm **Sun:** 11:00 am – 3:00 pm

PLEASE READ CAREFULLY AND FILL IN ALL INFORMATION THAT APPLIES

NAME: _____ BUSINESS NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER: _____
 E-MAIL: _____
 PRODUCT DESCRIPTION: (List all, be specific) _____

PRICE RANGE: _____

PLEASE CHECK ALL FOLLOWING ITEMS THAT APPLY: We reserve the right to make the final decision on placement.. Where possible we will honor your request for a particular space. Note: Balcony spaces will not be assigned until the main floor is filled.

TYPE BOOTH	SIZE BOOTH	INCLUDES	REG PRICE	NCCAA MBR PRICE	ELECT \$15.00 Y/N	SPACE Number	TOTAL
CORNER	10X10	8'X30" Table, 2 chairs, Pipe & drape	125.00	100.00			
REGULAR	10X10	8'X30" Table, 2 chairs, pipe & drape	100.00	80.00			
BALCONY	11X10	8'X30" Table, 2 chairs	60.00	60.00			
LOBBY ALCOVE	10X6	8'X30" Table, 2 chairs	80.00	80.00			

Electricity: \$15.00 per booth

Wall Space (**Cannot use wall or drapes for hanging items**) _____

DISABILITY ACCESS: _____

FOOD EXHIBITORS: Must have Oregon Dept of Agriculture license. Lic. # _____

PUBLICITY: Quality product photos may be used for advertising at our discretion. Entrance in the show automatically allows us to use your photos for advertising.

NOTE: If you live outside Clatsop County, please include name, address and phone number of local newspaper.

APPLICATION NOT ACCEPTED WITHOUT PAYMENT & SIGNATURE OF VENDOR:

VENDOR SIGNATURE

DATE

SUBMISSION OF SIGNED APPLICATION CONSTITUTES AGREEMENT ON PART OF VENDOR TO THE FOLLOWING STATED CONDITIONS:

LIABILITY: Neither the Chamber nor NCCAA assume any responsibility for theft, loss, damage or injury to the property , vendors or their associates.

CODE OF CONDUCT will be presented for your signature upon check-in and must be adhered to or you will be asked to leave Gift Fair.

**VENDORS: Please make copy of application for your information and records
 INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

Date Received	How Paid	Check #	Date Accepted