



## Vendor Registration 2012

**\*\*\*Please contact Doug Lorimer at (626) 332-1155 before completing form**

**Make checks payable and mail completed forms to:**

**Doug Lorimer  
P.O. Box 1943  
Covina, CA 91722**

**Name of company:** \_\_\_\_\_

**Product/Service offered:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

### Vendor Space Requested

**10x10: \$100** \_\_\_\_\_

**10x15: \$125** \_\_\_\_\_

**10x20: \$150** \_\_\_\_\_

**20x20: \$200** \_\_\_\_\_

**20x30: \$300** \_\_\_\_\_

**20x40: \$400** \_\_\_\_\_

**Other size requested** \_\_\_\_\_ **(Cost to be determined)**

**Vendor locations are limited and are first paid, first assigned only.**

**Will generator be used in display area? Yes**\_\_\_\_ **No** \_\_\_\_

**\*\*\*Insurance certificate and Los Angeles County Health Department Permit (if applicable) must be submitted with Vendor Form.**

**By signature, Vendor states acceptance and understanding of all fees and conditions herein and that the person signing is authorized to represent the vendor.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_