

Cool Cruise-2010
Vendor Registration

Name of Company: _____

Product/Service Offered: _____

Contact person: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ FAX: _____

E-Mail: _____

Vendor Space Requested

10x10 \$100 _____	10x15 \$125 _____
10x20 \$150 _____	20x20 \$200 _____
20x30 \$300 _____	20x40 \$400 _____
Other size requested __x____ (Cost to be determined)	

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

Will generator be used in display area? yes _____ no _____

Will registered support or display vehicle be in display area? yes _____ no _____

Insurance certificate and Los Angeles County Health Department permit must be submitted prior to approval or assignment of request.

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

Signed: _____ Date: _____