

## **Vendor Application**

Business Name:				
BusinessAddress/Mail Address:				
Contact Person:				
Phone:		Email:	Email:	
Notes:				
Rental Fees (2 days):				
Member:		Non-Member:		
10 x 10	\$150	10 x 10	\$175	
20 x 10	\$275	20 x 10	\$300	
Electrical	\$15	Electrical	\$15	
Total Cost:		Total	Total Cost:	
*Vendors and exhibitors must have event insurance. Please consult Chamber for details.				
Payment Terms: Cancellation must be 2 weeks in advance for full refund.				
Payment:	Bill Me (Members Only)	$\Box$ Check		
	Credit Card: 🗌 Visa	$\square$ Master Card $\square$ A	MEX Discover	
Credit Card No.: Exp Date:/ Signature:				

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