



Registration Form

Name: _____

Address: _____

Phone: _____

Will you be bringing anything-venomous YES ___ NO ___

Intended Product: _____

Business Name: _____

Fax Number: _____

Email / Web Address: _____

Do you wish to be listed on the show website as a vendor? Yes: _____ No: _____

Number of Tables Needed: _____ at \$70 each = _____ Total Due _____

I have read the vendor rules as listed on the website _____

Signature / Date

(Please make checks payable to Marty Peidl) and Return to:

**Marty Peidl Phone (610) 352 – 8286
159 Powell Lane
Upper Darby, PA 19082**