



NON-FOOD VENDOR REGISTRATION MAY 27, 2017

Vendor Name:

Contact Name:

Address:

Phone:

Email:

Media you will exhibit:

Additional description/notes:

Check one:

\$100 for one table and two chairs

\$150 for two tables and four chairs

I do not need any tables or chairs (\$100)

Please make checks payable to:

Taste-of-ALL Charleston

PO Box 11287

Charleston, WV 25339

Payment due May 5, 2017

Food vendor applications are separate and are due April 15. Visit festivalcharleston.com/info.