



**EXHIBITION/APPLICATION- FORM/CONTRACT
PLEASE COMPLETE AND RETURN TO:
Newport Fishermen's Wives
P.O. Box 971
Newport, OR 97365**

Vendor Coordinator: Kristen Cole
Phone: 541-961-9296 **email:** fishermenswives@yahoo.com

NAME OF COMPANY / EXHIBITOR / ORGANIZATION: _____

CONTACT PERSON: _____

POSTAL ADDRESS: _____

CONTACT DETAILS: _____

Telephone # _____ Cell # _____ email: _____

NATURE OF EXHIBIT (PLEASE DESCRIBE - WILL BE USED IN EVENT PROGRAM):

COSTS:

Exhibitor Space \$100 per 10' x 10' - # of spaces _____

Vendor will need to supply, and are responsible for their own:

Tents, tables, chairs, booth design, power, and water source. (where applicable)

Total \$ _____

Vendor sites are on or near Port of Newport site (Port Dock 7) 600 SE Bay Blvd. – Newport, Oregon
Set up will be from 1pm-3pm. Tear down immediately after event finishes.

PAYMENT REQUIREMENTS - Full payment is required on or before March 1st, 2010 (\$20 for returned checks)

Payment may be made by check or money order (sorry, no credit cards) to:

Newport Fishermen's Wives – P.O. Box 971 – Newport, OR 97365

The applicant acknowledges that this application constitutes a binding agreement between the parties and is subject to approval by the Newport Fishermen's Wives Show Management. All applications are accepted on a first come, first serve basis and space is limited. Vendors shall provide Certificate of Insurance, naming Newport Fishermen's Wives as an Additional Insured and providing 30 day Notice of Cancellation. Certificate shall provide evidence of \$1,000,000 Combined Single Limit per Occurrence covering Bodily Injury, Property Damage, Personal Injury and Products Liability.

Signature _____ Date _____

SHOW MANAGEMENT USE ONLY

Priority # _____ Payment Date _____

Booth # _____ **Amount** _____