



VENDOR REGISTRATION FORM

**Please complete the form below and send via email to:
admin@fruitnhands.org**

Space will be granted in the order your vendor registration form is received.

Booth Cost is \$40.00

Organization: _____

Contact Name: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip code: _____

Email address: _____

Website: _____

Number of attendees at your vendor table: _____

Product Information: (Please provide a brief description about your product. This information may be used to determine vendor space and/or marketing for the event.)
