



2010 Twin Cities Pagan Pride Vendor Form

Please note: you must send BOTH pages of this registration form along with a check or money order to
Twin Cities Pagan Pride, attn: Vendor Management, PO Box 582932, Minneapolis, MN 55458-2932
 Make all checks out to "Twin Cities Pagan Pride".

Contact Information

Organization/ Business Name			
Contact Person			
Mailing Address	Street Address		
	City	State	Zip Code
Phone Numbers	Daytime	Evening	Other (Cell)
	Electronic Contact		Website Address
Email Address			

Tax ID Number (must provide if you are a business)

Federal Tax ID MN State Tax ID Other _____

Other Opportunities

- I would like to be a Twin Cities Pagan Pride sponsor (all donations are tax deductible).
- I would like to have flyers and/or posters promoting the Fall Festival sent to me.
- I am interested in purchasing advertising in the Fall Festival program guide.

Vendor Space Options

	EARLY BIRD Registration: before July 24 th , 2010	REGULAR Registration: July 24 th – September 5 th , 2010
<input type="radio"/> Info only space outside vendor room with table (\$50 each) <small>To register for this option, you must be distributing information only, not selling anything. You may collect donations.</small>	<input type="radio"/> 8x6 vendor space with table (\$60 each) <input type="radio"/> 8x8 vendor space with table (\$80 each)	<input type="radio"/> 8x6 vendor space with table (\$80 each) <input type="radio"/> 8x8 vendor space with table (\$100 each)

Please note: If you are registering after September 5th, please contact vendor management (Vendors@TCPaganPride.org) to see if space is still available.

Vendor Space Cost

List cost per vendor space (see above)	\$
Subtract \$10 if you do not need a table provided by TCPP	- \$
Total cost per vendor space	\$
Multiply by total number of spaces requested	X
Total	= \$
Subtract \$5 for each item you are donating to the Silent Auction (up to \$10)*	- \$
TOTAL OWED TO TWIN CITIES PAGAN PRIDE FOR VENDOR SPACE	= \$

* Donated item(s) must be valued at \$25 or more EACH to qualify for discount.

Send BOTH PAGES of this form and MN State ST19 form along with a check or money order made out to "Twin Cities Pagan Pride" to Twin Cities Pagan Pride, attn: Vendor Management, PO Box 582932, Minneapolis, MN 55458-2932. Do not send cash through the mail. Contact Vendors@TCPaganPride.org with questions.



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Organization/Business Information

Provide a brief description of what you plan to do with your table space. If you are an organization, please indicate what you plan to promote and/or give away, and if you are a vendor, please indicate what you intend to sell. Use additional pages if necessary.

Special Needs/Preferences

Please let us know of any special needs you have regarding your table space. This includes electric or booth placement preferences (would like an end booth, would like to be next to a certain other vendor, etc). Please note that we will do our best to fulfill these needs but cannot guarantee them. Please contact the vendor coordinator with questions and use additional pages if necessary.

Hold Harmless Agreement: Neither Twin Cities Pagan Pride nor the Lake Harriet Spiritual Community is responsible for injury to persons nor damage to/or loss of property belonging to the exhibitor or any person or persons. The exhibitor assumes full responsibility and liability for all injury to any and all persons or property in any way connected with the exhibitor's display, caused by the exhibitor or his agents. The exhibitor indemnifies and agrees to hold harmless Twin Cities Pagan Pride, its members, officers, directors, and employees from any and all liability arising from damage to property or personal injury caused by the exhibitor or his agents.

Vendor/Exhibitor Policies: I have read, understand, and agree to follow the Vendor Policies available as a separate document on Twin Cities Pagan Pride's website at <http://tcpaganpride.org>. I also understand that filling out this form does not guarantee acceptance. If vendor registration is not accepted due to space or other issues, I will be notified and my registration returned.

By signing this document, I agree to the Terms & Conditions listed above.

Signature of Applicant _____ Date _____