

**2010 SEASONS OF MICHIGAN GATHERING
RADISSON HOTEL & CONFERENCE CENTER – LIVONIA, MICHIGAN
MARKETPLACE REGISTRATION FORM**

Friday, September 17th and Saturday, September 18th, 2010

Name of Vendor: _____

Representative: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____ Cell: _____

Email Address: _____ Website: _____

General description of sale items and display booth: _____

Number of Tables requested: _____ @ \$75.00 per table = Total Amount \$ _____

Electricity needed: YES _____ NO _____ (Bring your own extension cords.)

Other Requirements: (Space/special needs) _____

DOOR PRIZE DONATION:

I will donate _____ as my \$40 Door Prize

1. I will provide approximately 400 flyers to be handed out at registration. YES _____ NO _____

2. Please sign if you accept the 2010 Seasons of Michigan Marketplace Guidelines:

3. Signature _____ Date _____

4. Please Make Check Payable to VCOM – Mail to : 2010 Seasons of Michigan Gathering
Attn.: Wanda Hildner
347 Boyne Street
New Hudson, MI 48165

Please contact Wanda Hildner if you need any Marketplace information or have any questions You can call her at 248-437-8676 or her cell 248-787-1598 or E-Mail her at detsnow56@aol.com