



2017 Next Level Artists Showcase Food Vendor Agreement Please make sure you have reviewed all of the rules and expectations (to be sent soon) prior to submitting agreement. Failure to comply may result in the closure of your Company/Organization booth space, and no refund will be given.

**LEVELS OF SUPPORT**

- Corporation/Business/Organization Level** **\$100**  
A corporation or business selling food will be provided with 1 table and 2 chairs

**COMPANY/ORGANIZATION INFO**

- Yes! We would like to reserve a booth space for the Next Level Artists Showcase

Company/Organization name: \_\_\_\_\_

Company/Organization Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**ADDITIONAL COSTS**

- Electrical hook-up**      **\$25**      **Number needed:** \_\_\_\_\_ **x \$25 =** \_\_\_\_\_
- Additional table**      **\$10 each**      **Number needed:** \_\_\_\_\_ **x \$10 =** \_\_\_\_\_
- Additional chairs**      **\$5 each**      **Number needed:** \_\_\_\_\_ **x \$5 =** \_\_\_\_\_

**BUSINESS LEVEL + TOTAL ADDITIONAL SUPPLIES = \$ \_\_\_\_\_**

**PAYMENT**

- Enclosed is a check or money order in the amount of \$ \_\_\_\_\_.

**FOOD VENDOR AGREEMENT:**

On behalf of the company/organization, I agree to provide payment in the amount as indicated above. This agreement represents the arrangement between my company/organization and the Next Level Artists Showcase celebration committee.

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any additional questions, please contact Janine Stephens at 414-213-7748 or [jns.events.consultant@gmail.com](mailto:jns.events.consultant@gmail.com)

**Please make all checks payable to PEOGA and mail to: PEOGA P.O. Box 258064, Madison WI 53725.**