## 3RD EYE OPEN VENDOR/EXHIBITOR APPLICATION

Saturday, August 17th, 2019 Downtown New Bedford, MA



NAME OF COMPANY OR ORGANIZATION				
STREET ADDRI	RESS			
CITY/TOWN		STATE	ZIP	
PHONE	EMAIL AD	EMAIL ADDRESS		
Types of pro	roducts you will be selling/distributing (clothing, n	nusic, literature):		
PRICE:	\$150 (Vendor) \$ 50 suggested donation (non-profit orgar non-profit status.	nization) You may be a	sked to supply proof of	
PAYMENT N	METHOD:cash (Only if paid in person) Check/Money Order (Made out to 3rd EyE			
Vendors are We suggest	ION DEADLINE: To accepted on a first come, first serve basis. St that you get your application in at least two weel It accept vendors until space is full.	ks prior to the event,		
Questions?	? info@3rdEyEUnlimited.org			
I fully under	erstand the terms and conditions of this applicatio	n / agreement form		
PRINT NAME				
SIGNATURE &	A DATE			

