



SATURDAY OCTOBER 24TH • 09

VENDOR APPLICATION FORM

CAFTCAD – C/O Ian Drummond Collection
 366 Adelaide St. West, LLo1, Toronto, ON, M5V 1R9
 416-531-2591

www.caftcad.com/mws

FOR OFFICE USE

Account #
Equipment
Booth #

A

Contact: First & Last _____ Company Name _____

Address _____

City _____ Province _____ Postal code _____

Tel: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

B

What kind of goods will you be selling? Please be as specific as possible.

- New Goods
 Used Goods
 designer
 contemporary
 vintage
 product / service

C

Show Identification: How many ID's do you require for yourself and staff? _____

Would you like free promotional material to advertise the show? Qty? flyers _____ poster _____ email flyer _____

D

Booths & Additional Equipment

Member Membership # _____

Early bird Rate - Until October 16 th				Regular Rate: After October 16 th				Additional Equipment			
Size	Member Price	Non Member Price	Member Price	Non Member Price	Qty	Total	Description	Price	Qty	Total	
<input type="checkbox"/> 5 X 10	\$ 35.00	\$ 70.00	\$ 45.00	\$ 90.00			Chairs	\$ 5.00			
<input type="checkbox"/> 10 X 10	\$ 50.00	\$ 100.00	\$ 60.00	\$ 120.00			Fold out tables	\$ 12.00			
<input type="checkbox"/> 10 X 15	\$ 75.00	\$ 150.00	\$ 85.00	\$ 170.00			Racks	\$ 10.00			
BOOTH TOTAL			BOOTH TOTAL			EQUIPMENT TOTAL					
\$ _____			\$ _____			\$ _____					
										GRAND TOTAL	
										\$ _____	

E

Payment type:
 Cash
 Cheque
 Please charge my:
 Visa

Name on card _____ Card number _____ Exp. date _____ Security code on back _____

Signature _____

F

CAFTCAD will not be responsible for personal injury, theft or damage to any display or merchandise.

By signing this application I have read, understand, and agree to the Sale conditions stated therein.

Signature _____ Date _____