

AKITA CLUB OF AMERICA
NATIONAL SPECIALTY VENDOR CONTRACT & APPLICATION
25-29 2011

Complete and return this contract/application by **10/1/11** There will be **NO REFUNDS** of any fees.

PLEASE RETURN THIS CONTRACT TO ADDRESS INDICATED BELOW. RETURN RECEIPT OF COPY WILL VERIFY ENTRANCE TO THE SHOW. FURTHER INFORMATION AND/OR INSTRUCTIONS WILL FOLLOW APPROXIMATELY 2 WEEKS PRIOR TO THE SHOW.

Make checks payable to the ACA and send checks and completed form to:
Pam Tobin , ACA Vendor Chair
PO Box 1037
Libby, MT 59923-1037 406-293-8688

[Email: Moosecountry@montanasky.net](mailto:Moosecountry@montanasky.net)

Payment may also be made by credit card through PayPal at: http://www.akitaclub.org/web/shows/vendor_paypal.html

PLEASE PRINT OR TYPE:

BOOTHNAME: _____
INDIVIDUAL'S NAME: _____
PHONE (Day/Evening/Fax): _____
STREET ADDRESS: _____
CITY/STATE/ZIP: _____
EMAIL: _____
TYPE OF MERCHANDISE: _____

PLEASE NOTE: Maximum of two 8-foot spaces per vendor. Vendors requiring more space need to contact the vendor

_____ one 8 foot space \$100 for duration of show (1 table)
_____ one space with extra table \$120 (2 tables total)
_____ one space with two extra tables \$140 (3 tables total)
_____ two 8 foot spaces \$200 for duration of show (2 tables)
_____ two spaces with one extra table \$220 (3 tables total)
_____ two spaces with two extra tables \$240 (4 tables total)
_____ Limited electricity is available at a cost of \$25

_____ ACA MEMBER VENDORS MAY DONATE AN ITEM OF COMPARABLE VALUE TO THE ACA AUCTION IN LIEU OF FEE.

AMOUNT ENCLOSED: \$ _____

SIGNATURE: _____

DATE: _____

FOR ACA USE ONLY.

DATE RECEIVED: _____ AMOUNT RECEIVED: _____

METHOD OF PAYMENT (Cash/Check/Check #/PayPal): _____