



2019 NWVQHA Vendor Form

Vendor Commitment Agreement

Vendor will participate at the following show:

May 18-19 June 29-30 July 11-14 August 3-4 (Subject to approval)

Vendor fee for 2-day show \$50.00 fee for 4-day show \$100

_____ SINGLE SPACE _____ SINGLE SPACE WITH ELECTRIC

Vendor Name: _____

Contact: _____

Address: _____

Signature: _____

Date: _____ Email: _____

Fax: _____ Telephone: _____

Names of people who will be working booth:

Please write your name and signature in the line provided and return with payment made out to NWVQHA and mail to:

NWVQHA
PO. Box 294
Beverly, WV 26253

www.nwvqha.com