



# 2020 NWVQHA Vendor Form

## Vendor Commitment Agreement

Vendor will participate at the following show:

May 16-17            July 30-31      August 1-2      August 29-30 (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](http://www.nwvqha.com)