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**Please complete this entire section:**

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| --- |
| **Organization Name:** |
| **Point of Contact:** |
| **Street Address:** |
| **Mailing Address** *(if different):* |
| **City:** | **State:** | **Zip Code:** |
| **Primary Phone** *(cell/home/work):* |
| **Alternate Phone** *(cell/home/work):* |
| **Email Address:** |
| **Website:** |
| **Special Requirements** *(handicap access, etc.)***:** |
| **Describe your booth display:** |

**Site preference** *(circle one)***: Inside Pavilion\_\_\_\_ Outside Pavilion\_\_\_\_**

**No Preference\_\_\_\_**

**Number of booth spaces required: \_\_\_\_\_\_\_\_\_\_\_\_ x registration fee = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of 8ft Table space required: \_\_\_\_\_\_\_\_x registration fee = $\_\_\_\_\_\_\_\_**

**PLEASE NOTE:**

* Fees are based on one 10’ x 10’ tent space outside or one 8ft long table indoors.
* Electricity is not available.
* You are responsible for providing all tables, chairs, popup tents, canopies, display hardware, etc.
* Exhibitors are encouraged to create, demonstrate, and actively engage the public throughout the day. Hands-on activities are also encouraged for children and adults.
* In case of severe weather, call the CCAA office at 301-392-5900 for a recorded message. Cancelation will be determined by 6:00 PM on Friday, June 10th. Rain day TBD.
* Vendors and Exhibitors not in their booth spaces by 11:00 AM will not be allowed to enter. All participants agree to remain in their space until they are directed by a CCAA representative to close down, at 4:30 PM or 5:00 PM.

**By signing this form, you agree to all terms. Please mail this completed form and your payment to Charles County Arts Alliance, PO Box 697, White Plains MD 20695.**

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**Signature Date**