



American Polarity Therapy Association Conference

Hilton Long Island/Huntington
Melville, New York June 20-23, 2019

VENDORS PERMIT APPLICATION

Please print your information and be sure to sign this form before returning it.
Enclose the business card you'd like to have included in the program.

Business Name: _____

Cell Number: _____ Email: _____

Which name should be listed in the program? Please check one:

Your Name: _____ Business Name: _____

Description of your business (Maximum 10 words) _____

How long have you been in business? _____

Do you need electricity at your booth? (If you need electricity, we will attempt to place your booth near a plug. Bring your own extension cord. If you need a cord from the hotel, an additional \$25 charge will be applied.) Yes _____ No _____

Please describe in detail the item(s) that you will be selling and enclose photos or a catalog that accurately represent the entire line. Your permit will be for these item(s) only, so be specific and complete. _____

Are you willing to donate an item for our raffle? Yes _____ No _____

Cost: Members: \$75 _____ Non-Members: \$150 _____

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Signature: _____