

For office use only				
Date Paid				
Amount Paid				
СК#		Cash		
Visa	MC	Amex		

2024

Inside Vendor Booth Application

Please print/Type and re	turn with payment		
Business Name			
Contact Person	PersonPhone		
Mailing Address			
City	ST	Zip	
Email Address			
Product(s) to be sold/E	xhibited		
All Booth spaces	s are 10X10 - Your complete set-up mu if available. All booths are inside the e	st fit within this med	
Booth Rates		Preferred Aisle (Check one)	
\$250.00- Center Aisle Booths		Wall aisle	Center aisle
175.00- Wall Aisle Booths		Number of booths desired	
Payments will be ma	de online after approved you will	be sent an invoice	e to pay.
Applicants Signature:		Date	
	Please return to: TVE- Vendor C	Committee	
	P.O. Box 9047 Liberty, TX 77575	936-336-7455	

Payment Deadline- August 31, 2024 if you are granted a spot