

REGISTRATION FORM

2012 Spring Craft Show & Business Expo

Please **PRINT** clearly

STMA Women of Today
800-340-9817
www.stmawt.org

NAME: _____
 BUSINESS NAME _____
 ADDRESS: _____
 CITY, STATE, ZIP _____
 TELEPHONE: (daytime) _____ (cell) _____
 E-MAIL: _____ @ _____

(We may share your e-mail information with other Women of Today chapters for possible craft show opportunities, unless you check here.)

Have you been a prior vendor at any St. Michael-Albertville Women of Today craft shows?
 YES NO
If "NO", you MUST provide us with an OCCF ST19 form. See attached letter for instructions.

Is this a direct selling plan? YES NO
 If yes, company name: _____

_____ # of spaces (Limit 2)
 (\$60.00 per space)
 Check here for electric.
 (additional \$5 per space)
YOU MUST PROVIDE THE EXTENSION CORD. Spaces with electricity are very limited.

DESCRIBE YOUR CRAFT: Please be specific (example: handmade jewelry, wood shelves, consultant/vendor, etc.) _____

MAKE CHECKS PAYABLE TO: STMA WOMEN OF TODAY and mail to P. O. Box 358 St. Michael, MN 55376

LOCATION PREFERENCE: (**We do NOT guarantee locations**, but we will do our best to accommodate your request. Please list a second choice, if your first choice is not available. If you would like the spot you have had in previous craft shows please indicate booth number or which show.) 1) _____ 2) _____

To receive your confirmation letter, you **MUST** provide us with a **STAMPED, self-addressed, LEGAL SIZED envelope.**

The St. Michael-Albertville Women of Today and the St. Michael-Albertville School District assume no responsibility for safety of exhibits, injury, accident, theft or loss of property or other related occurrence.

SIGNATURE: _____

NO TABLES OR CHAIRS ARE PROVIDED!

- Checklist: Have you included?**
- Completed registration form
 - Check
 - ST-19 form (if required)
 - Self-addressed stamped envelope

FOR EVENT COORDINATOR USE ONLY

Postmark date: ___/___/___ Check # _____ Amount: \$ _____ # of spaces 1 2 Elec.
 # of shows _____

OCCF: on file received requested

Env. for conf. ltr. received? Yes No : Sent ___/___

Last craft show location (if requested): _____

LOCATION:	SPOT #1	SPOT #2
<input type="checkbox"/> Gym	_____	_____
<input type="checkbox"/> Hall	_____	_____

REMINDER: To receive registration forms to upcoming craft shows, please provide us with a self-addressed, stamped, legal size envelope for each show. Registration forms will also be available on our website – www.stmawt.org. Check there for dates of mailings and / or postings of registration forms.

NOTICE REGARDING SERVICE ANIMALS: All service animals must be certified and must have certification papers with them the day of the show.