



Saturday, August 20, 2011
Noon to 9 PM

TABLE VENDOR REQUEST FORM

PLEASE CHECK APPROPRIATE BOX AND SEND BACK TO US

| | |
|--------------------------|-------------------------------------|
| Information | |
| <input type="checkbox"/> | TABLE (profit org.) \$450 fee |
| <input type="checkbox"/> | TABLE (non-profit org.) \$250.00 |
| No electricity provided | |

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: Area Code (____) _____

Cell Number: Area Code (____) _____

Email Address: _____

Signature: _____ Date: _____

- Mail this form to reserve the space or fax (508) 798-1908, payment should be received by July 15, 2011
- Please make check payable to: Centro Las Americas

11 Sycamore St., Worcester, MA 01608 Telephone Number: 508 798-1900 Ext. 229