

PLEASE PRINT Detach and mail with table fee and SASE to:
Molly Cromwell, Show Coordinator, 4701 Duncan Drive, Annandale, VA 22003
Information 703-978-5353 mollycromwell@aol.com

MY CHECK IS ENCLOSED FOR ___ TABLE(S) (\$165/6 ft. table) Check # _____ SUNDAY, OCTOBER 24, 2010

28TH TYSONS CORNER FESTIVAL/FALLS CHURCH, VA

Name _____ Trading As _____

Address _____ Phone (____) _____ e-mail _____

City _____ State _____ Zip _____ Specialty _____

Provide Virginia sales tax info ___ My VA sales tax # is _____ Hotel Information ___ Scale of work _____

I will teach a pre-registered workshop ___ Full Day ___ ½ Day AM ___ PM ___ Cost \$ _ Title _____

Signature _____ Date ___/___/___

MY CHECK IS ENCLOSED FOR ___ TABLE(S) (\$165/6 ft. table) Check # _____ SUNDAY, SEPTEMBER 12, 2010
BALTIMORE FESTIVAL/LUTHERVILLE, MD

Name _____ Trading As _____

Address _____ Phone (____) _____ e-mail _____

City _____ State _____ Zip _____ Specialty _____

Provide Maryland sales tax info ___ My Maryland sales tax # is _____ Hotel Information ___ Scale of work _____

I will teach a pre-registered workshop ___ Full Day ___ ½ Day AM ___ PM ___ Cost \$ _ Description _____

Thursday ___ Friday ___ Sat. am. ___ Mon ___ Tues ___

Signature _____ Date ___/___/___

MY CHECK IS ENCLOSED FOR ___ TABLE (S) (\$195/6ft. table) Check # _____ SATURDAY & SUNDAY, JUNE 5 & 6, 2010

PLUS \$10 TRANSIENT VENDORS LICENSE STURBRIDGE FESTIVAL/STURBRIDGE, MASSACHUSETTS

Name _____ Trading As _____

Address _____ Phone (____) _____ e-mail _____

City _____ State _____ Zip _____ Specialty _____

Provide MASS sales tax info ___ My MASS sales tax # is _____ Send Hotel Information ___ Scale of work _____

I wish to teach a pre-registered workshop ___ Full Day ___ ½ Day AM ___ PM ___ Cost \$ _____ Description _____

Signature _____ Date ___/___/___

***Be sure to include your State Sales Tax Number if you have one for the state in which each show is held.
Otherwise, please indicate that you need a State Sales Tax Number and I will provide the information.***
