

**** 2011 MINIATURES FESTIVAL CONTRACTS ****

Molly Cromwell Presents

4701 Duncan Drive, Annandale, VA 22003

MY CHECK IS ENCLOSED FOR ___ TABLE(S) (\$170/6 ft. table) Check # _____ SUNDAY, OCTOBER 9, 2011
TYSONS CORNER / 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 ___/___/___ Email _____

MY CHECK IS ENCLOSED FOR ___ TABLE(S) (\$170/6 ft. table) Check # _____ SUNDAY, SEPTEMBER 11, 2011
MARYLAND FESTIVAL / TIMONIUM, MD

Name _____ Trading As _____

Address _____ Phone (____) _____ e-mail _____

City _____ State _____ Zip _____ Specialty _____

Provide Maryland sales tax info ___ **My MD 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 ___/___/___ Email _____

MY CHECK IS ENCLOSED FOR ___ TABLE(S) (\$200/6 ft. table) Check # _____ SATURDAY & SUNDAY, JUNE 4 & 5
STURBRIDGE FESTIVAL / STURBRIDGE, MA

Name _____ Trading As _____

Address _____ Phone (____) _____ e-mail _____

City _____ State _____ Zip _____ Specialty _____

Provide Massachusetts sales tax info ___ **My MA 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 ___/___/___ Email _____

MY CHECK IS ENCLOSED FOR ___ TABLE(S) (\$200/6 ft. table) Check # _____ SATURDAY & SUNDAY, FEB 12 & 13
ORLANDO FESTIVAL / ORLANDO, FL

Name _____ Trading As _____

Address _____ Phone (____) _____ e-mail _____

City _____ State _____ Zip _____ Specialty _____

Provide Florida sales tax info ___ **My FL 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 ___/___/___ Email _____

MY CHECK IS ENCLOSED FOR ___ TABLE(S) (\$170/6 ft. table) Check # _____ SUNDAY, JANUARY 16, 2011
SARASOTA MINIATURES FESTIVAL / SARASOTA, FL

Name _____ Trading As _____

Address _____ Phone (____) _____ e-mail _____

City _____ State _____ Zip _____ Specialty _____

Provide Florida sales tax info ___ **My FL 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 ___/___/___ Email _____

***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.***
