



CHARITY/PROMOTIONAL VENDOR APPLICATION

HARBOUR NIGHTS 2010

START TIME: 6PM (SET UP) 7-10PM (SELLING TIME) BREAKDOWN: 10PM

Name (s): _____

Chamber Registration Name: _____

Mailing Address: _____

Email: _____

Phone: Work: _____ Home: _____

Cell: _____ Fax: _____

Description of Craft: _____

Are you Bermudian/Spouse of Bermudian? Yes No

If no, please present proper documentation to participate in the Harbour Nights program.

Are you a Chamber Member? Yes No

Chamber Member Rate \$55.00 per night

Includes one table, one chair and vendor permit

Electricity requested. **110V** **220V**

**Please note: Electricity is limited and therefore is based on a first come first serve basis.
The Chamber does not guarantee electricity!**

Please indicate ALL nights you wish to participate. Incomplete forms will not be accepted:

- | | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> April 28th | <input type="checkbox"/> May 26th* | <input type="checkbox"/> June 23rd* | <input type="checkbox"/> July 21st* | <input type="checkbox"/> August 18th |
| <input type="checkbox"/> May 5th | <input type="checkbox"/> June 2nd | <input type="checkbox"/> June 30th | <input type="checkbox"/> July 28th | <input type="checkbox"/> August 25th |
| <input type="checkbox"/> May 12th | <input type="checkbox"/> June 9th | <input type="checkbox"/> July 7th | <input type="checkbox"/> August 4th | <input type="checkbox"/> September 1st |
| <input type="checkbox"/> May 19th | <input type="checkbox"/> June 16th | <input type="checkbox"/> July 14th | <input type="checkbox"/> August 11th | <input type="checkbox"/> September 8th |

* Indicates Regiment Dates

CHARITY/PROMOTIONAL VENDOR AGREEMENT

I have read the 2010 Guidelines for Vendor Participation and agree with the terms. I understand that parking has been arranged in the No. 1 parking lot, and all vehicles should be off the street by 6:00 pm. The Chamber of Commerce reserves the right to refuse participation if the rules are not met. **Payment must be made in advance of the date of participation** direct to the offices of the Bermuda Chamber of Commerce. **Payment will not be accepted on the street!**

Signature: _____ Date (DD/MM/YY): _____

Payments can be made in the form of: (tick one)

- CHEQUES** **CREDIT CARD** **CASH**

CHEQUES made payable to the Bermuda Chamber of Commerce

CREDIT CARDS (select one): EasyLink Visa MasterCard

Charge on a: weekly basis monthly basis

Name of Cardholder: _____

Card Number: _____ Expiry Date: _____

Signature: _____

INQUIRIES

Questions regarding this Vendor Agreement should be directed to:

Stacey Madeiros-Cooke
Marketing and Events Coordinator
(Tel: dir) 295-8763
(Tel: fax) 292-5779
Email: smadeiros-cooke@bcc.bm



(For Office Use Only)

Received by: _____ Date (DD/MM/YY): _____

- Accepted Refused

Receipt #: _____ Payment Amount: _____