



Fort Worth Association of Federated Women's Clubs

VENDOR REGISTRATION FORM

Please complete the following and return via fax to **(817) 887-3919** or
email to **fwafwc@gmail.com**. Payment should be mailed to
1051 Evans Ave., Fort Worth, TX 76104

☐ **General Exhibitors \$150**

Deadline - October 25, 2017

If you have any questions or concerns regarding the event, please feel free to contact us at
(817) 382-7388.

BUSINESS NAME

BUSINESS ADDRESS

PHONE

EMAIL ADDRESS

WEB ADDRESS

CONTACT PERSON

PLEASE LIST THE PRODUCTS AND SERVICES YOU INTEND TO PROVIDE:

I have read and agree to be subject to the provisions contained in the **FWAFWC Gala Vendor Terms & Conditions**.

Signature

Date

AMOUNT RECEIVED:

RECEIVED BY: _____ **DATE:** _____

NO REFUNDS - CASHIER'S CHECK/MONEY ORDER/CREDIT CARD VIA WEBSITE

MADE PAYABLE TO : FWAFWC

WWW.FEDERATEDWOMENFW.ORG