



**Sanborn Chamber of
Commerce 2018
Annual Vendor Show**

**Vendor
Registration
Form**

Fall Festival

Name of Business: _____

Name of Contact Person: _____

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Please provide a description of your business/activity planned:

Please indicate number of tables needed at \$15.00/each: _____

Chamber Member (fee waived for members): YES NO

Will you need electrical hook-up capabilities: YES NO

Make checks payable to:
Sanborn Chamber of Commerce
P.O. Box 161
Sanborn, IA 51248

**Registration
Deadline:
October 19th**

For additional information:
www.sanbornchamber.com
sanbornchamber@gmail.com