



### Vendor Form

Name of Business / Organization \_\_\_\_\_

Description of Booth / Product \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**There is a \$75.00 vendor fee to sell at the event.**

**Please mail or email this completed form and a check by November 3rd, 2017.**

Send form to:

Children's Discovery Museum

171 Capitol Street, Suite 2

Augusta, Maine 04330

amarinda@childrensdiscoverymuseum.org



*Thank you to our 2017 Sponsors:*



Questions: call 207-622-2209 or email [amarinda@childrensdiscoverymuseum.org](mailto:amarinda@childrensdiscoverymuseum.org)

