

Italian Car Day Inc.

ICD Contact:



[www.italiancarday.com](http://www.italiancarday.com)  
[info@italiancarday.com](mailto:info@italiancarday.com)

**Vendor Registration Form**

Mandatory Section

Bus. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Cell: \_\_\_\_\_

Web Site: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Other: \_\_\_\_\_

**Exhibition Space Options**

10x10 ft  100\*

10x20 ft  200\*

No utilities are available.

Vendor to supply shade structure or other display

**Total Display Cost \$:** \_\_\_\_\_

Paid by  Cheque  
 Cash

Please list the products to be displayed or sold in your area:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FULL PAYMENT MUST ACCOMPANY THIS BOOKING FORM TO RESERVE SPACE**

By signing below, I acknowledge that having read the exhibitor/Boyd Park information and agree to abide by the conditions that apply to an exhibitor in this event. Event Management reserves the right to refuse any displays deemed inappropriate or against event rules and policies.

I acknowledge, as an exhibitor and vendor, to provide my own insurance as required to cover all goods, material and staff brought onto the premises, and therefore, fully release and discharge the event organizers, officers, volunteers, participants and anyone associated with the event from all liability including, but not limited to, loss or damage, in whole or part.

**DATED:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**Vendor set up 7- 8 am only**

**SPELL NAME:** \_\_\_\_\_