

E

VENDORS

BOUTIQUE REGISTRATION

NAME OF VENDOR: _____

ADDRESS _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

DESCRIPTION OF DISPLAY:

YOUR REQUIREMENTS: _____

Vendor Fee: \$40

FEE ENCLOSED: _____

Send Registration Along with Cheque To:

Larry Balion

#5 Lindsay Dr.

Saskatoon, SK S7H 3C9