



The Selah Chamber of Commerce is pleased to invite you to be a part of the 13th annual women's expo and fundraiser on Friday, October 6th from 5:30 – 9p.m. The theme is Cowgirl Up for a Cure.

If you are interested in being a vendor or sponsor please take a moment to fill out and return the attached application. We are asking vendors to dress in Western wear and decorate booth space reflecting the theme. There will be contests for vendors, attendees and our male servers. All vendors must have items to sell. **Be sure to bring plenty of promotional items to give away to the attendees – business cards, pens, stickers, pamphlets, etc.**

VENDOR INFORMATION:

Deadline to reserve your vendor space is Friday, September 29th by noon (payment & application deadline) Cost for a 8 foot table space is \$60.00 for members of the Selah Chamber of Commerce or \$75.00 for non-members. You will receive a table plus seating based on two employees (dinner and one drink ticket for each employee {2}). We also have a limited number (2) of 10x10 canopy frame areas (NO CANOPY COVERS – FRAME ONLY) available for \$120 for members, \$150 for non-members. Please also indicate if you require power. If you would like to donate a door prize for the event please indicate so on the application. *Limited space is available as well as limited business categories. Priority given to last years participants.* **All Vendors & those with you must be 21 or over.** **NO REFUNDS GIVEN WITHIN 1 week OF EVENT.** **You may begin setting up at 11am on Friday, October 6th.**

SPONSORSHIP INFORMATION

If you would like to upgrade to one of the sponsorship levels please indicate on your application which option best suits you.

***GOLD LEVEL SPONSORSHIP: \$500** - Reserved Table of 8, dinner, 2 drink tickets per person, premium seating, special gift, advertising of your business on our poster (if received by Aug. 31) and vendor table (if requested)

***EVENT SPONSORSHIP** – The event sponsorship option enables your business to support the event if you are unable to purchase a GOLD LEVEL table. You can donate a specific amount to go towards a specific part of the event (i.e. fashion show sponsor, bar sponsor, candy table sponsor, etc).

RESERVED TABLE OF EIGHT

We also have available a reserved table of eight for \$300. (The table comes with dinner & 1 drink ticket for each attendee) and will be reserved with the business (or personal) name.

Event Information

- Fees must be paid (with application) to Selah Chamber of Commerce by **September 29th, 2017.**
- Any cancellations from paid vendors on or before Sept. 29th will incur a \$15 processing fee (balance of fee refunded)
- Any cancellations from paid vendors after September 29th are non-refundable.
- You will be able to set up on Friday morning at the Selah Civic Center, 216 S 1st St., Selah., on October 6th starting at 11:00am and will need to be in your booth prior to the doors opening at 5:30 p.m.
- Tear down will be when the event closes at 9:00 p.m. **Please no early tear down.**
- Table measures 8' and two chairs are provided (space is approximately 8ftx5ft)
- **Limited number [2] of 10x10 areas available for canopy frame (no canopy covers – just the frame)**
- Vendors will receive two access passes per booth.
- Additional tickets must be purchased for any employees that will be joining you in your booth exceeding the two access passes you will receive (\$15.00 for each extra employee)
- Pre-sale tickets will be available to the public (seating is assigned to a specific table as tickets are sold)
- Access pass is inclusive of all activities.
- No one under 21 admitted to event.
- **PRE-SELL TICKETS ONLY – NO TICKET SALES AT THE DOOR**

COWGIRL UP FOR A CURE

FRIDAY, OCTOBER 6TH, 5:30-9PM

2017 Show Application/Sponsorship



Name of Business: _____ Type of Merchandise sold (vendor): _____

Contact Name: _____ Business Address: _____

Business Phone Number: _____ Email: _____

Names of person(s) working your booth: (2 included in fee) (1) _____ (2) _____
(vendor) *Extra meals can be purchased {see details below} (3) _____ (4) _____

By signing below you agree to hold harmless the Selah Chamber of Commerce, the Selah Civic Center and the City of Selah for any liability.

Signature: _____ Print Name: _____

- Yes! I would like to reserve a vendor table for this year's event. _____ 8 foot table - Member SCOC \$60 **Space is approx. 8'x5'**
- I need power hook up _____ *extra \$15 meal(s) _____ 8 foot table - Non-Member \$75
- I would like to donate a door prize **Only 2 - 10x10's available** → _____ 10x10 canopy frame area (member \$120.00)
- _____ 10x10 canopy frame area (non-memb. \$150.00)
(no canopy covers allowed, just the frame)

| | |
|---|--------------------------------------|
| <input type="checkbox"/> I am interested in being a SPONSOR | |
| _____ Gold Sponsor \$500 | Event Sponsorship: \$ _____ (Amount) |
| _____ Vendor Table (yes or no) | OR Sponsorship of: _____ |

- I am interested in purchasing _____ individual advance tickets for \$40 each (seating is assigned as tickets are sold)
- TOTAL AMOUNT ENCLOSED: _____
- Name(s) on place card: _____

- I am interested in purchasing a reserved table of eight for \$300. (The table comes with dinner & 1 drink ticket for each attendee) and will be reserved with the business or personal name. _____

NAME ON TABLE (required)

Please return your application & payment by Friday, September 29th by any of the following methods:

- Fax 509-698-7309
- EMAIL: selahchamber@fairpoint.net
- Mail to PO Box 415, Selah WA 98942
- Drop by the Chamber office at the Selah Civic Center at 216 S. 1st Street, Selah
- Call 698-7303 (if you want to use a debit or credit card, please call the office!)

TOTAL ENCLOSED: _____

If you have any additional questions please contact the Selah Chamber of Commerce, call or email: selahchamber@fairpoint.net. Chamber Office hours are 9 a.m. to 12:30pm (M-Th). Selah Civic Center Hours are Monday-Friday 8am-5pm (you can drop your application anytime, but Chamber employee is only available during times listed above.)

Thank you for your time, we appreciate your participation.

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|-------------------------|------------------------|-----------|------------|--------------|-----------------|
| Vendor _____ or | Office Use Only | | | | |
| Sponsorship Level _____ | Fee _____ | Ck# _____ | Cash _____ | Charge _____ | Date Paid _____ |