



2017 Craft Expo & Career/Business Partnership Registration Form

46th Annual Conference of the New York State
Association of Black and Puerto Rican Legislators, Inc.
February 17-19, 2017

CRAFT FAIR VENDOR

CAREER BUSINESS PARTNERSHIP EXHIBITOR

On **Saturday, February 18, 2017** the Craft Expo & Business Partnership Fair will operate from **9:00a-5:00p** in the NORTH Concourse at the Empire State Plaza, Albany, NY. *The "Association" reserves the right to assign booth space in order to avoid conflict of displays and conform to Fire Marshall & Plaza Management rules and regulations.* Vendors **must** display Tax Certificate of Authority, and collect State and Local sales tax.

REGISTRATION INFORMATION

Product Type or Service Offered: _____

Name of Company/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____

Email: _____ **REQUIRED Information**

Contact Person: _____ Cell Number: _____

Vendor Signage can accommodate up to (2) lines of text. Each line can be up to 35 characters long including punctuation. Write the wording exactly as you would like for it to appear.

Line 1: _____ Line 2: _____

Type of Products/Services: _____

REGISTRATION FORM DEADLINE IS JANUARY 1, 2017

Booth Package

8'x10' booth with 8' high back drapes & 3' high side drapes, 6'x skirted table with white vinyl top, 7' x 44' single line identification sign and two chair

Booth assignments will **NOT BE RELEASED** before **February 7, 2017**. Information will be released after the above mentioned date by phone, email, and if necessary, via standard mail.

Note: Payment is non-refundable

FINAL PAYMENT IS DUE BY JANUARY 31, 2017

Booth Type	Price	Qty
Craft Fair Vendor	\$375	_____
For Profit Organization	\$500	_____
Not-for-Profit Organization	\$400	_____
Additional Table	\$25	_____
Electricity	\$50	_____
(Exhibitors MUST provide extension cords for distribution of electricity)		
Total	\$_____	

PAYMENT METHOD

Invoice Requested

W-9 Requested

Payment: NYSABPRL, Inc., P.O. Box 2079, ESP, Albany, New York 12220

___ Cashier Check/US Postal Money Order (Payable to: NYSABPRL, Inc.) **NO PERSONAL CHECKS**

___ VISA ___ MASTERCARD ___ AMEX ___ GOVERNMENT PURCHASE ORDER/VOUCHER

Card Number _____ Billing Zip Code _____ Expiration Date _____

Card Holder Name _____

Signature _____ Date _____

FOR MORE INFORMATION OR QUESTIONS CALL: (518)427-8363 or FAX: 427-8632

EMAIL: nysabprl@nycap.rr.com and put **2017 BOOTH** in the subject line.

NOT WRITE BELOW THIS BOX

Rec'd Date

Processed Date

Booth #