VENDOR REGISTRATION APPLICATION

NAME		# OF TABLES/SPACES (\$35 EACH)
BUSINESS		TOTAL COST
PHONE		
EMAIL		
ADDRESS		
TYPE OF P	RODUCT(S)	
SOCIAL ME	EDIA (IF APPLICABLE)	
Indoor	- · · ·	Special Requests/Accommodations
(If indoor) v yes	vall space? no	
Electricity yes	no	Business/Product Description for marketing
Tables 6 foot	8 foot	
Send complet	chere if you will be using own tables ted application to clare@gahc e rican Heritage Center and M e	-

712 W 2nd Street

Davenport, Iowa 52802

Applicants will be notified of acceptance or denial on a rolling basis and within 7 business days of submission. If you do not hear within 7 days contact **clare@gahc.org** or call **563-322-8844**. The deadline to apply is Monday, December 2nd, 2024 by 5:00 pm. All vendors should receive acceptance or denial decision by Tuesday December 3rd, 2024. If you have not, contact clare@gahc.org or call 563-322-8844.

As a vendor I understand that my space will not be secured until payment is submitted. Final decisions are up to the discretion of GAHC+M staff.

Date

Vendor Signature	

Print