



Keep Austin Gluten Free Fair

SATURDAY-May 28th, 2011

11AM-3PM

Celebrating National Celiac Awareness Month

VENDOR REGISTRATION FORM

First Name: _____ Last Name: _____		Booth Fee: \$75 per table (tables are limited) Booth Size: 10' x 10' _____ x \$75 = _____ Total Due = _____ Amt. Paid = _____
Mailing Address: _____		
City/St _____	Zip _____	
Business Name: _____		
Day Phone: _____	Eve phone: _____	
Cell: _____	Fax: _____	Make checks payable to: World Wise Grains LLC
Email: _____	Website: _____	
Description of GF product/or service:	Mail or Fax registration form and check to: 512-371-1221 World Wise Grains PO BOX 1714 CEDAR PARK, TEXAS 78630	STAFF USE Date Rcvd: _____ Confirmation Mailed: _____ Balance Due Amt: _____ Due Date: _____

1. **Booth Information:** Booth spaces are 10'x10'. Booth fees are \$75 per booth. Tables/Chairs are provided. Booth set-up is from 9:30am-10:30pm on the day of the event, take-down starts after the scheduled ending time, 3pm. Vendors should not take-down prior to that time. The Location:

Food for Life Restaurant
 2051 Cypress Creek Road, #L
 Cedar Park, Texas 78613
 512-331-0096

2. **Vendor Goods:** MUST BE GLUTEN-FREE!

3. **Policies:** Registration form must be completed, signed and fees must be paid in order to reserve a booth. Full payment is due April 20th. There is a \$25 cash fee on all returned checks. Attendance is the responsibility of the booth renter. Failure to attend a market date does not entitle a renter to a transfer, make-up, or refund.

4. **Waiver Release of Liability:** The undersigned vendor releases and holds harmless the owners and Food For Life and World Wise Grains LLC, its staff and volunteers and waives all rights, without limit upon liability, for use of property and facilities including the loss or damage of items in the show.

If you have questions please call Rachyl Blank at 480-241-7257 or send an email to: rachylatfoodforlife@gmail.com

By submission of this registration form and by my signature, I agree to all rules and conditions within this form.

Signature Required: _____	Date: _____