



Farm to Table Connections of Western PA Vendor Agreement

Company Name: _____ Contact: _____

Day of Event Phone #: _____ Email: _____

Additional Contact (if needed): _____

Day of Event Phone #: _____ Email: _____

Description of all products/services to be displayed and/or promoted at the event:

Electricity: Yes _____ No _____ # tables of needed: _____ # of chairs needed: _____

Date	Time	Event	Location	Attending ?	Cost
		Farm to Table Connections of Western PA	Allegheny County: \$350 Western PA: \$150		
9/10/17	10 am-2 pm	Republic Food Enterprise Local Food Fest for Grandparents' Day	Republic Food Enterprise Center		\$100
9/15-17/17	9 am-6 pm	Mother Earth News Fair	Seven Springs		\$250
9/15-16/17	1 pm-11 pm	Farm Aid	Key Bank Pavilion		TBD
9/24/17	1 pm-6 pm	Pittsburgh Pierogi Festival	Kennywood Park		TBD
10/10-11/17	3 pm-7 pm	Pittsburgh Human Resource Association Conference	DoubleTree in Greentree		TBD
10/23-24/17	All Day	PA Food Service Expo	David L. Lawrence Convention Center		\$600
10/29/2017	12 pm- 5 pm	Farm to Table Harvest Tasting presented by Observer Reporter	Meadows Racetrack & Casino		\$300
11/13/2017	10 am-2 pm	Farm to Table Connections Grower/ Buyer Event	DoubleTree in Greentree		\$350
2/10/2018	4 pm-7 pm	For the Love of Pittsburgh Local Food Tasting	August Wilson Center		TBD
4/14-15/18	10 am-5 pm	12 th Annual Farm to Table Western PA Local Food Conference	David L. Lawrence Convention Center		\$600
		20% Discount for Farm to Table Connections of Western PA members			
		Farm to Table Sponsor	\$750 per event		
*WITH THE EXCEPTION OF FARM AID, ALL DISTILLERIES, WINERIES, BREWERIES AND MEADERIES AS WELL AS ALL FOOD BUSINESSES ARE ABLE TO SAMPLE & SELL PRODUCTS AT ALL EVENTS.				Total	

Pay with Check: (please make checks payable to **(American HealthCare Group)**) Amount: _____

Pay with Credit: Visa, MC, American Express Card Number: _____ Exp Date: _____

Name on Card & Security Code: _____

Billing Address for Credit Card: _____

Sign & Return Agreement:

I, the undersigned, hereby make application for exhibit space at the event(s) listed above. I agree to be at the above listed event(s) at the above listed date(s) and time(s) or be charged a fee of \$50 unless I cancel the event 2days prior.

Name (please print) Signature: * _____ Date: _____

Please send completed form to: American HealthCare Group | 1910 Cochran Road, One Manor Oak, Suite 405 Pittsburgh, PA 15220 or Fax: 412.563-8319 Email: cclipper@american-healthcare.net