



# 2019 – 2020 Farm to Table Western PA Vendor Agreement

Farm/Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Day of Event Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Phone/Address for Event Programs: \_\_\_\_\_

Description of table presentation: \_\_\_\_\_

Electricity (there may be a cost): Yes \_\_\_\_\_ No \_\_\_\_\_ # of tables needed: \_\_\_\_\_ # of chairs needed: \_\_\_\_\_

Event Name	Dates	Venue	Neighborhood	Time	Event Numbers	Vendors Needed	Speakers/ Demos Needed	Vendor Fee	Total Fee
Harvest of Health Wellness Expo	10/ 19/ 2019	Pittsburgh Airport Marriott	Moon Township, PA	10 am -2 pm	2500	Yes	Yes	No Fee	
Farm to Table Harvest Tasting	11/9/2019	Voodoo Brewing	Meadville, PA	1 – 4 pm	200	Yes	No	No Fee	
Farm to Table Harvest Tasting	11/16/2019	Galleria	Mt. Lebanon, PA	4-7 pm	400	Yes	Yes	No Fee	
Pennsylvania Farm Show	1/2020	PA Farm Show Complex	Harrisburg	All Day		No	Yes	No Fee	
Farm to Table Local Food Conference	3/6 – 3/15/2020	David L. Lawrence Convention Center	Pittsburgh	All Day	300,000	Yes	Yes	\$400 - \$600/weekend or \$800 - \$1,200 for 10 days	

Total: \_\_\_\_\_

For Events with multiple dates, please indicate days of the week when you will be vending: \_\_\_\_\_

Pay with Check: (please make checks payable to **Farm to Table Western PA**)

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: Farm to Table Western PA | 733 Washington Road, Suite 102 Pittsburgh, PA 15228 or Fax: 412.563-8319 Email: cclipper@american-healthcare.net or ehart@american-healthcare.net