



162nd ANNUAL EMANCIPATION DAY CELEBRATION,  
INC. P.O.BOX 511  
GALLIPOLIS, OH 45631

### *VENDOR INFORMATION*

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Contact Name \_\_\_\_\_  
E-mail \_\_\_\_\_

### *COMPANY INFORMATION*

Organization Type:   Sole Owner \_\_\_\_\_ Corporation \_\_\_\_\_ Non-Profit \_\_\_\_\_  
Contact Information \_\_\_\_\_ Phone Number \_\_\_\_\_  
Company's Web Site(s) \_\_\_\_\_  
You will be set up as a: Food Vendor \_\_\_\_\_ Retail Vendor \_\_\_\_\_ Informational Booth \_\_\_\_\_

### *GENERAL INFORMATION*

What size space do you require:   12'x12' space \_\_\_\_\_ 20'x16' space \_\_\_\_\_ Single Table \_\_\_\_\_  
Other: (Explain) \_\_\_\_\_  
Let us know what you will be selling/distributing and if there is anything we can do to assist you!  
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