2009 NOT- FOR- PROFITS REGISTRATION
July 31st, August 1st & 2nd

Please Circle: $175 Two Days $200.00 Three Days

Name: _____

Address:_____

City:_____ State:_____ Zip:_____

Phone: ( ) _____ E-mail: _____

State / License Plate # : _____

I have enclosed: **Tax ID Number for NYS:**_____

_____ Photos

_____ Written description of all merchandise

_____ Payment: $200.00 **(per each 12'x12' space)**

All assigned spaces are at the discretion of the committee.

Make all checks payable to: **Spiedie Fest/Balloon Rally Expo. Inc**.

Mail this completed form to: Spiedie Fest/Balloon Rally Expo.Inc.
P.O. Box 275 W.V.S.
Binghamton, New York 13905
Attn: Karen Gaddis Phone: (607) 729-9166
Email: kgaddis@ccbc.net

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