Androscoggin Amateur Radio Club 2024 Convention & Hamfest

Advanced Payment - Vendor Form

Name:		Compan	y Nam	e:		
Phone Number:	(Callsign	(if app	licable):		
Email Address:						
Number of Tables:				x \$20 each	=	
Vendor Admission : (Max 2 per Application)		=	=	x \$5 each	=	
Optional Items:						
\$10 Food Voucher: (Max 2 per Application) Donation to Androscoggin ARC:			=	x \$8 each	=	
Booth space (for vendors with their own rolling displays.) Minimum of 1 table purchase required to qualify.			=	x \$5 each	=	
Total:					=	
Table Preference:						
First Choice(s):						
Second Choice(s):						

Please Mail Check to: Androscoggin Amateur Radio Club P.O. Box 1 Auburn, ME. 04212

Must be Postmarked by May 1, 2024 to Qualify for Advanced Prices.

