



VETERANS OF FOREIGN WARS®

DEPARTMENT OF CALIFORNIA

# STATE CONVENTION VENDOR REGISTRATION FORM

Join us in supporting California's Veterans!



## VENDOR INFORMATION

Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



## DESCRIPTION OF ITEMS / SERVICES

Please provide a brief description of what will be displayed and/or sold:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## EVENT INFORMATION



**LOCATION:** Holiday Inn Downtown Sacramento  
300 J STREET  
Sacramento, CA 95814



**SETUP:** Thursday, June 19th  
beginning at 8:00 AM



**HOURS OF OPERATION:**  
Daily from 8:00 AM – 5:00 PM



**BREAKDOWN:** Must be completed no later than  
Saturday, June 21st at 4:00 PM



## IMPORTANT NOTES:

- Vendor space will be located in the foyer by the meeting rooms.
- Tables are first come, first served.
- The Department is not responsible for items left overnight.

## TABLE PRICING



**\$150.00**

One (1) 6-foot table



**\$250.00**

Two (2) 6-foot tables



## PAYMENT INFORMATION

Total Amount Enclosed: \$ \_\_\_\_\_

Payment Method (Check one):

Check (Payable to: VFW Department of California)

Credit/Debit Card (3% service fee applies)

Card Type (Check one):  Visa  MasterCard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

THANK YOU FOR SUPPORTING  
CALIFORNIA'S VETERANS!



## SUBMISSION INSTRUCTIONS



Please mail this completed form with payment to:  
**VFW DEPARTMENT OF CALIFORNIA**  
9136 Elk Grove Blvd., Suite 100  
Elk Grove, CA 95624



**EMAIL:**  
info@vfwca.org



QUESTIONS? PLEASE CALL (916) 509-8712