IPMS Gateway Chapter 2019 Vendor Registration Form September 14, 2019



| Vendor Name: | | _ |
|---|---|-------|
| Submitted by: | | _ |
| Contact Address: | | _ |
| Contact Phone: | | _ |
| Contact E-mail: | | _ |
| Date submitted: | | |
| Number of Tables R | quested: | |
| Cost per table: | \$ 30 | |
| Total cost | \$ | |
| • | lges requested ants are permitted per vendor) Also, all vendor badges are to be eway chapter at the end of the show/invitational. | |
| | erved on a first come, first served basis. Priority will be given to weeks prior to the Gateway show event or sooner. | those |
| All vendor registrati IPMS – Gate C/O Chris M 87 Grasso Pla St. Louis, MO | rseal a #248 | |

Cancellations: Vendors may cancel and receive a refund if the cancellation is made four weeks or more prior to the show event. Cancellations made less than four weeks from the show date are non-refundable.

Notification of cancellation may be made by phone to 314-226-7163 or in writing to:

IPMS – Gateway C/O Chris Merseal 87 Grasso Plaza #248 St. Louis, MO 63123

Thank you from the IPMS Gateway Chapter