

Bead Fiesta Inc.

2009 Show Reservation Request Form

To exhibit at any of our 2009 Bead Fiesta Inc. shows please follow the steps below:

- 1.** A **\$50.00 non-refundable per show deposit** is required with this reservation.
- 2.** Show **contracts will be mailed/emailed** upon receipt of this form.

<input type="checkbox"/> Sunday, February 15	Danbury, CT	\$175.00 per table, \$175.00 each additional table
<input type="checkbox"/> March 14 & 15	Warwick, RI	\$350.00 1 st table, \$175.00 each additional table
<input type="checkbox"/> March 28 & 29	Sturbridge, MA	\$350.00 1 st table, \$175.00 each additional table
<input type="checkbox"/> April 18 & 19	<i>Glass Bead Show-glass artisans only, New York, NY</i>	
<input type="checkbox"/> April 25 & 26	West Chester, PA	\$350.00 1 st table, \$175.00 each additional table
<input type="checkbox"/> May 16 & 17	S. Portland, ME	\$350.00 1 st table, \$175.00 each additional table
<input type="checkbox"/> July 18 & 19	Nashua, NH	\$350.00 1 st table, \$175.00 each additional table
<input type="checkbox"/> Sunday, August 2	Danbury, CT	\$175.00 per table, \$175.00 each additional table
<input type="checkbox"/> Fri, Sat, August 28 & 29	Marlborough, MA	\$350.00 1 st table, \$175.00 each additional table
<input type="checkbox"/> October 24 & 25	S. Portland, ME	\$350.00 1 st table, \$175.00 each additional table
<input type="checkbox"/> November 7 & 8	W. Springfield, MA	\$350.00 1 st table, \$175.00 each additional table
<input type="checkbox"/> November 14 & 15	West Chester, PA	\$350.00 1 st table, \$175.00 each additional table

Business Name: _____

Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____ **Website:** _____

List Type of Beads: _____

Number of Tables Requested: _____

Number of Shows: _____ x \$50.00 = \$ _____ Due with this Reservation Form

Payment: _____ Visa _____ MC _____ AmEx _____ Discover _____ Check (Payable to Bead Fiesta Inc.)

Credit Card Number: _____ **Exp. Date:** _____

Cardholder's Name: _____ **Authorized Signature:** _____

Please send/FAX form to:

Shirley Caprera, Bead Fiesta Inc., 27 Electric Street, Worcester, MA 01610
 or FAX: 508-752-5168, Phone: 508-752-5168 beadfiesta@verizon.net - www.beadfiesta.com