

# VENDOR FORM

CORPORATE BUSINESS



## REGISTRATION FORM

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

Date :

D D M M Y Y Y Y

Vendor Type :  Regular (foyer) \$250.00  Exclusive (Front Lobby Area) \$400.00  Other

Owner/ Contact's Name \_\_\_\_\_

Contact Email \_\_\_\_\_ Contact Phone \_\_\_\_\_

## BUSINESS INFORMATION

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

Business Phone : \_\_\_\_\_ Business Open :        
D D M M Y Y

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

Business Type : \_\_\_\_\_

Website : \_\_\_\_\_ Products Sold : \_\_\_\_\_

Instagram/ Social media : \_\_\_\_\_ Social Media/ FB : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Payment is complete? :  Yes  No How many people will be at your table? \_\_\_\_\_

Comments/ Additional Information: \_\_\_\_\_

Applicants / Account Holder's Name : \_\_\_\_\_

More Information : *\*\* A table, tablecloth and 2 chairs will be provided*

THE INTERNATIONAL GATHERING 2024 - Aug 08-10th, 2024  
Westin Tampa Waterside Hotel - 725 S. Harbour Island Blvd  
Tampa, Florida 33602  
Joann Smith [joann@wafinternational.org](mailto:joann@wafinternational.org) - 813.650.5076  
[www.wafinternational.org](http://www.wafinternational.org)



*Signature*

Signature of Registrant

THANK YOU FOR YOUR INFORMATION

[ Internal Use ] Signature of Approver : \_\_\_\_\_

Payment was made on: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Vendor Table #: \_\_\_\_\_