

EARLY BIRD EXHIBITOR REGISTRATION



Presented by: The Chamber Foundation, Inc.

SATURDAY & SUNDAY APRIL 27 & APRIL 28

11 AM - 4 PM
DUTCHESS COMMUNITY
COLLEGE

53 PENDELL ROAD, POUGHKEEPSIE

HVKidVenture.org



Yes, sign me up!

REGISTRATION FEE (INCLUDES 2-DAYS, MUST EXHIBIT FOR BOTH DAYS)

INSIDE BOOTH SPACE

- | | Non-Member Price | Member & Nonprofit 10% Off |
|---|------------------|----------------------------|
| <input type="checkbox"/> Inside Double (10 ft. x 20 ft., two tables, four chairs, table skirt, drapes, piping, signage) | \$750 | \$675 |
| <input type="checkbox"/> Inside Single (10 ft. x 10 ft., one table, two chairs, table skirt, drapes, piping, signage) | \$450 | \$405 |
| <input type="checkbox"/> Electric available (Limited electric, reserve early!) | \$50 | |



OUTSIDE SPACE (Must have a pop-up tent, event is rain or shine)

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Outside space with your own 10 ft. x 10 ft. pop-up tent (6' table, 2 chairs will be provided) | \$250 | \$225 |
|--|-------|-------|

EXHIBITOR MUST PROVIDE CHILD-FRIENDLY EXPERIENCE/ACTIVITY

TOTAL \$ _____

FIRST COME, FIRST SERVED FOR A PRIME LOCATION!

Company Name (for signage): _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____

Email: _____ Phone: _____ Cell Phone: _____

Proposed child-friendly experience/activity: _____

Yes, I will have a Hudson Valley-sourced agricultural product for sale. Product is: _____
(Product must be packaged/sealed. Event has right to deny product sale. If this box is not checked at time of registration, product cannot be sold).

Contact: Email Jean Harris at HVKidVenture@chamberfdn.org Website: HVKidVenture.org

Please send checks/money orders to:
The Chamber Foundation, Inc.
One Civic Center Plaza, Suite 400
Poughkeepsie, NY 12601

PAYMENT MUST BE RECEIVED TO SECURE YOUR SPACE!

PAYMENT: CHECK Checks payable to: The Chamber Foundation, Inc. AMEX VISA MASTERCARD

Total: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

Email form: HVKidVenture@chamberfdn.org or Fax: 845.454.1702
All registrations final, no refunds.