

***Vendor Registration Form***

 Vendors Information

*This person will be the primary contact responsible for receiving invitations, information & updates for your company, business, service, or stall.*

**First Name: ………………………………………… Last Name: ……………………………………**

**Address: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. Post Code: …………………………….**

**E-MailAddress: ……………………………………………………………………………………….....**

**Phone Number: Mobile Number:**

**Company Name: ………………………………………………………………………………………...**

**Address: ……………………………………………………………………………................................................................................................................................................................................................................................................................................................................................................................................................................................................................................PostCode: ..............................................**

**Phone Number: Mobile No: Fax No:**

**Website:**

Years in Business(If applicable):

Are you a [ ]  **Local Resident** [ ]  **Community Organisation** [ ]  **Business**  [ ]  **Other**

 (Please state)

Please state if you will be [ ]  Selling, [ ]  Providing information [ ]  provide free giveaways

Type of Stall holder

***Please provide details of the products /service you wish to sell/promote/exhibit***

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**Please include with this booking form copies of Public liability insurance/health and safety certificates/employers liability insurance along with you refundable deposit £20.00**

**\*\*This part can be tick boxes sorry I don’t know how to do this. lol\*\***

**By signing this booking form you are confirming that you have read and agree to the terms and conditions, Health and Safety and the Equalities Act 2006**

**Signature: ................................................................... Print Name: ................................................**

**Date: ............................................................................**

**Please return form by 10 July 2017, confirmation will be given two days after application received**

**Email** hello@tulsehill.london