



November 11-12, 2017

MEMBERS ONLY

Lester B Pearson HS

Name _____ Company Name _____
 Mailing Address _____ Tel# _____
 E-mail _____ Web-site _____
 Vehicle Make _____ License Plate _____
 Products to be sold(specify) _____

Did you participate in the spring show 2017? Yes No. If **YES**, you are entitled to a \$10 discount.

Booth Requirements: Electricity Yes No
 Booth Backing Curtain Wall Either

Member Fees	Regular Price	Quantity	Sub-Total	Apply Discount	Total
Booth 8' x 10'	\$100.00			\$10.00	
Booth 6' x 13'	\$100.00			\$10.00	
8 Foot table rental	\$13.00				
6 Foot table rental	\$13.00				
Corner Booth	\$15.00				
			Total Payment		

All efforts will be made to accommodate your preferences. Requests are on a first come basis. The decision of the Market Co-ordinator regarding booth placements are final.

Members: Send your completed applications and cheques payable to "Ottawa Artisans Guild" to: Revia Fisher-Titus 1709 Belval Cres. Ottawa On K1C 6K2

Post date cheques for **October 1, 2017**. They will be cashed October 15, 2017.

Another option for payment is the Guild is now accepting E-money transfers from your bank directly to the Guild's bank. The Guild's email address is oagtreasurer@gmail.com to use for the e-money transfers. Please refer to the website at www.ottawaartisansguild.com for more detailed information and instructions. If you use this option, please send your completed application to my email address at temptation@bell.net to ensure you are registered for the fall show.

NO REFUNDS after November 1, 2017

Each vendor/member is required to perform at least one of the following tasks. Please number in order of preference.

- Publicity Market Planning Floor Taping Lobby set-up/take-down Reception (1 hr) Gym Set-up
- Gym take-down Decorations Market checks Vendor coffee area: Saturday Sunday First Aid

I certify that all articles offered for sale have been handcrafted by me and that I have **read** and understood the regulations of this market. I agree to comply with the directives of the Market Committee. I will not hold the Guild responsible for any damages, negligence or public liability.

Signature _____ Date _____

Market coordinator use:	Date received:	Amount received:	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> EMT
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