



2010 Booth Request Form

Return this form with signed lease agreement and deposit to:
Webb's Consulting & Management Services, Inc.
741 East 13th Avenue, Anchorage, AK 99501-4621
Phone 272-5634 Fax 272-5635
info@anchoragemarkets.com

Make Checks Payable To: Arts & Crafts Emporium

Name: _____

Company: _____

Address: _____

City _____ State _____ Zip _____ -- _____

Phone: Business _____ Cell _____ Home _____

Email: _____

URL (website) http://www. _____

Products Sold _____

First year that you participated in the Arts & Crafts Emporium: _____

2009 Arts & Crafts Emporium Booth #: _____

Booth (s) Requested: *You may put down a general location, i.e., between booth #115 and #125. This will give you a better chance to get a booth in the area that you want. The more information that you provide us about the location you prefer, the better we can try to accommodate your request.*

First Choice: _____ Second Choice: _____

Third Choice: _____

Please check the boxes that apply to your desired booth:

- | | |
|--|---|
| <input type="checkbox"/> Exhibit Hall Booth | <input type="checkbox"/> Shared Booth by 2 Vendors |
| <input type="checkbox"/> Banquet Hall Booth | <input type="checkbox"/> Shared Booth by 3 Vendors |
| <input type="checkbox"/> Double Booth | <input type="checkbox"/> Craft's Table |
| <input type="checkbox"/> Double Booth w/ Post | <input type="checkbox"/> End Cap Booth |

If you are sharing a booth let us know who you are sharing with or we will assign booth partners on a first-come-first-served basis. Booth partner (s):

1) _____ 2) _____