



An Unearthly Convention

A Doctor Who event on Long Island

Artist/Author Application

Company Name & Address

Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

email _____

Artist/Author Name & Address

Name _____

Address _____

City, State, Zip _____

Phone _____

Badge Names _____

NYS TAX ID# _____

We require a copy of your NYS Sales Tax Certificate.

If you are an out of state vendor, please complete a DTF 17 online at NYS Dept. of Finance website.

Tables are \$150 each and include (2) two weekend passes and 2 chairs per table.

(Tables are 6' in length)

Of Tables Requested _____ X \$150 = _____ TOTAL DUE

Listing of what your company sells _____

Doctor Who themed items that your company sells _____

SPECIAL CONSIDERATIONS - ELECTRICITY _____

We make every effort to provide all vendors with electricity, but please keep in mind all special considerations are based on a first come-first served basis at the Director of Vendor Services discretion. Internet access will be available. No special requests are fulfilled until table is paid in full.

Artist/Author positioning is at the discretion of the Director of Vendor Services and any movement of tables must be approved prior to set up. Use of own displays is allowed within purchased space. An Unearthly Convention or Gallifreyan Events Inc. will not be liable for any loss of equipment, revenues or other indirect damage under any circumstance.

Acceptance of this application does not constitute a contract until full payment is received and confirmed. All tables must be paid for at least (30) thirty days prior to the event date.

There will be no transfer of tables without the approval of the Director of Vendor Services.

Date _____ Deposit _____ Cash _____ Check _____ Paypal _____

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PAID IN FULL _____ **DATE** _____ **POSITION #/S** _____