



606 Arrowhead Road—Camano Island, WA 98282 - (360) 387-0222 www.camanocenter.org

Camano Island Wedding & Event Expo 2018

Participant Registration Form

Event Date: Saturday, February 24, 2018 - 10:00 a.m. - 3:00 p.m.

Welcome to the 2nd Annual Camano Island Wedding & Event Expo. The 2018 Expo is seeking local businesses that serve the wedding and event venue needs. This is a wonderful opportunity to promote the Camano Island area as a destination for weddings and events, and to provide networking and business opportunities for local businesses working in the wedding and event industry. This event draws an audience from the greater Stanwood and Camano areas and beyond.

Display Areas and Sites Available:

- I / We would like to **like to be a Supporting Sponsor for this event.** (enclose \$500 check).
 - Includes Vendor Booth at Show
 - Logo on all advertising materials
 - Half Page ad in program
 - Social Media Promotion
 - Your promotional item/coupon pre-stuffed in swag bags.

- I / We would like to **be a Small Business Advertiser for this event** (enclose \$250 check)
 - Includes Vendor Booth at Show
 - Social Media Promotion
 - Quarter Page ad in program and opportunity to place promotional items in swag bags

- I / We would like to **be a Business Vendor for** this event (enclose \$75 check)
 - Approx. 8' x 6' space, table & 2 chairs included.
 - Business listed in the program and noted on the event page etc.

| | | | |
|--------------------------|--------------------------------|--------------------------------|-------------------------------|
| Will You Require: | <input type="checkbox"/> Power | <input type="checkbox"/> Water | FIRST COME FIRST SERVE |
|--------------------------|--------------------------------|--------------------------------|-------------------------------|

*All applications will be processed on a first come basis. Space is limited.
We reserve the right to limit the number of similar participating businesses per category to keep the show balanced.*

Deadline for turning in application is 02/9/17. All participants are expected to stay until end of event (3PM)

Business Name: _____ (will be listed in program)

Last Name: _____ First Name: _____

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

Telephone _____ Email _____

Description of business: (will be listed in program) _____

Payment must be enclosed.

Please make checks payable to CSSA. Credit card payments accepted.

Visa MC Card Number: _____ Exp Date: _____ CVC: _____

For More information contact **Cindy Hand (chand@camanocenter.org)** or **Karla Jacks (karlaj@camanocenter.org)** or by phone at 360-387-0222

OFFICE USE ONLY:

| | | | | | |
|-------|---------|---------------|----------|-----------------|----------------|
| Date: | Amt.\$: | Pymt. Method: | check #: | staff initials: | entered in SP: |
|-------|---------|---------------|----------|-----------------|----------------|