

VENDOR APPLICATION

Booth Cost: \$75 (\$25 for non-profits) (available vendor space fills up fast!)
Discounted Tasting Glass: \$25 each (optional)

Business Name: _____

Type of Business: _____ Non profit: Yes No

Contact Name: _____ Phone: _____

Street Address: _____ City/State/Zip: _____

Email: _____ # of Vendor Beverage Tickets (\$25) _____

Total: (Booth + tasting glass) \$ _____

Payment (please check one) I have enclosed a check payable to the Reading Public Museum Please charge my credit card

MC Visa Discover AmEx Card# _____ EXP: _____ Security Code: _____

Signature _____

Museum Signature _____

Confirmation will be made by email upon receipt of payment Mail to: Reading Public Museum, 500 Museum Road, Reading, PA 19611 ATTN: Sydney Ernst

All vendors are required to submit a Certificate of Insurance, which must waive all rights of subrogation against The Museum and must name both the Reading Public Museum and the Reading School District as additionally insured.



Please contact Sydney Ernst for additional information or to sponsor the event
sydney.ernst@readingpublicmuseum.org